.4411

COUNTY COUNCIL OF ESSEX

# ANNUAL REPORT

OF THE

# Principal School Medical Officer

FOR THE YEAR

## 1964

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
LIBRARY
5 NOV 1965

COUNTY COUNCIL OF ESSEX

# ANNUAL REPORT

OF THE

# Principal School Medical Officer

FOR THE YEAR

## 1964

---

J. A. C. FRANKLIN, M.B., B.S., D.P.H.
PRINCIPAL SCHOOL MEDICAL OFFICER

Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

https://archive.org/details/b29195469

# CONTENTS

---

Page

Preface ...... 5

The Education Committee ...... 7

Staff of the School Health Service ...... 8

General Statistics ...... 10

Medical Inspections ...... 12

Findings at School Medical Inspections ...... 13

Treatment of Defects ...... 15

Speech Therapy ...... 19

Report of the Principal School Dental Officer ...... 20

Child Guidance Service ...... 29

School Psychological Service ...... 30

Handicapped Pupils ...... 31

B.C.G. Vaccination ...... 40

Infectious Diseases ...... 41

Health Education ...... 43

Physical Education ...... 43

Road Accidents ...... 43

Appendices

A—Medical, Dental Inspection and Treatment Inspection Returns ...... 45

B—Child Guidance Statistics ...... 52

C—Summary of Handicapped Pupils ...... 54

D—Notification of Infectious Diseases ...... 55

E—Report of Senior Organisers of Physical Education ...... 56

F—Report of Senior Peripatetic Teacher of the Partially Hearing ...... 58

G—Report of the School Meals Organiser ...... 59

H—Verruca Survey in South Essex Division—Report by Mr. W. H. Leak, Statistician to Health Department ...... 60

I—Report of Psychologist to Education Committee on School Psychological Service ...... 70

J—Report of Principal School Dental Officer on Fluoridation of Water Supplies ...... 73

K—Minor Ailment, Specialist and Child Guidance Clinics ...... 76

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE
LIBRARY
5 NOV 1965

# PREFACE

County Hall, Chelmsford
*July*, 1965

*To the Chairman and Members of the Education Committee*

Madam Chairman, Ladies and Gentlemen,

I have the honour to present my Annual Report as Principal School Medical Officer for the year 1964. In view of the scheme of Divisional Administration which operates in the Administrative County, this Report, which includes the report of the Principal School Dental Officer, has been prepared as in previous years, i.e. on the basis of draft material submitted by the Divisional School Medical Officers and other senior members of the staff of the Department who are concerned particularly with the School Health Service.

It is always pleasing to record an improvement in the general health of our school children and this year is no exception to the trend over the past five years as revealed by the general statistics. During the year, of all the children who were examined at periodic medical inspections, 87.6 per cent. were found to be free of defects requiring treatment and only 153 (0.2 per cent.) were found to be in the unsatisfactory category.

There was, however, a decrease, as compared with last year, in the total number of pupils examined at the periodical inspections owing to staffing difficulties in one or two Divisions, notably South-East Essex where there was a considerable amount of sickness among the medical staff and this factor has had its inevitable effect on the Service. The future prospects appear much brighter in this respect, however, and it is hoped to make some headway with regard to the backlog during the coming year.

The problem is not helped by the fact that with certain schools, circumstances are such that it is not possible for the inspections to be carried out, as they should, at the schools and the children have to be seen at clinics instead. Thus inspections may only be carried out when the clinic is not being used for other purposes even though the staff may be available.

Comment was made in the Report for 1963 on the growing concern at the increasing number of children found with severely defective vision. It is especially pleasing to report therefore that during the year under review the total number of children who were recommended for treatment or observation because of diseases of the eye and defective vision was 188 less than the previous year and it is hoped that this improvement will continue.

The Five Year Dental Health Campaign in Harlow, to which the Principal School Dental Officer refers in his report, was nearing completion at the end of the year but though it is too early yet to assess whether there has been any reduction in the incidence of dental decay, the figures so far available are indicative of an improvement in mouth hygiene practices. In order to complement the valuable work being undertaken in dental health education, tooth brushes are being sold in dental clinics to children at a nominal price but much of the effort which is being employed in this discipline will be of no avail unless the sale of sweets and biscuits in school tuck shops is completely replaced by the sale of cleansing foods.

It is gratifying to observe a decrease in the number of children ascertained as partially hearing although the number of children ascertained as requiring special educational treatment because of deafness remained the same as in the previous year. The Nursery Unit for Deaf Children at Rayleigh, although labouring under staffing difficulties, continued to prove the need for such units since, without a period of close and continuous observations, it is well nigh impossible to decide between deafness and partial hearing in the very young. So many other factors enter into the making of the final assessment that observation in a nursery class appears essential for every such child.

The incidence of verrucae in school children shows no sign of abating and indeed with the growing number of schools that are installing swimming pools it is likely that the incidence will continue to increase. There is little doubt that this situation would be relieved considerably if the Council's arrangements for chiropody treatment were extended to school children but unfortunately, owing to the apparent paucity of chiropodists, it is not always possible to provide the desired service even for the present priority groups. The situation is, however, being kept under review.

One particularly discordant note is the persistent high percentage of school children found to be infested, the percentage for the year under review being slightly higher than for the last ten years. It is difficult to ascertain the reason for this trend when one observes that children, particularly older children, appear to pay more attention to their personal appearance and hygiene nowadays. It is, however, noticeable that the trend coincides with the present fashion of wearing the hair long and this may be a contributing factor.

In conclusion, I have pleasure in recording my thanks and appreciation to the Education Committee for their welcome consideration and support throughout the year in relation to matters affecting the health and progress of school children throughout the County. I wish also to express my thanks to the Chief Education Officer and his staff for their continued co-operation and to my own staff and all others who have helped in any way with the School Health Service.

I am, Ladies and Gentlemen,

Your obedient Servant,

J. A. C. FRANKLIN

Principal School Medical Officer

## County Council of Essex

# EDUCATION COMMITTEE

*(as at 31st December, 1964)*

*Chairman:* Alderman Mrs. E. F. M. Hollis, M.B.E.

*Vice-Chairman:* Councillor Mrs. E. Coker, B.Sc.

### COUNTY COUNCIL MEMBERS

*Aldermen:*

W. J. Bennett, C.B.E., D.L., J.P
The Rev. B. C. Cann
Sir George F. Chaplin, C.B.E., D.L., J.P.
Mrs. E. F. M. Hollis, M.B.E
Mrs. B. K. Lowton, J.P
S. W. Millard
P. S. Powell
G. E. Rose, J.P.
W. A. Sibley
Brig. J. T. de H. Vaizey

*Councillors:*

D. L. Anderson
Dr. N. L. Anfilogoff
R. R. Batey
R. W. Blythe
Mrs. E. W. Borthwick
Mrs. I. M. Brockelbank
A. F. J. Chorley, M.B.E., J.P.
Mrs. E. Coker, B.Sc.
Brigadier T. F. J. Collins, C.B.E.
F. J. Davis
R. J. P. Eden
Mrs. L. Fallaize, J.P
Miss D. D. Forster, M.A
L. F. Grant, O.B.E
Mrs. O. Hall
Mrs. M. J. Harvey
F. R. Hutton
Mrs. L. A. Irons, O.B.E., J.P.
Mrs. L. E. Jackson
S. A. Legg
A. C. Mason
G. M. W. Milsom
T. R. Mott
Mrs. M. Preston
F. L. Ridgwell
Mrs. O. M. J. Roberts, J.P
J. E. Tabor, O.B.E., M.A
E. E. Taylor
H. R. Turner
C. Verdult
Mrs. A. E. Welsh
W. R. Wright

### REPRESENTATIVES OF DIVISIONAL EXECUTIVES

G. J. G. Beane
I. T. Brown
F. G. Carrick
A. L. Chamberlain
H. T. Collins
D. W. Day
A. T. Dove
D. J. Maidment
F. R. Masters
A. C. Moles
W. A. Nichols
A. McRae
A. C. V. Rusha
W. F. Savill

### REPRESENTATIVES OF UNIVERSITIES

F. F. C. Edmonds, M.A
G. H. R. Newth, M.A
R. P. Tong, O.B.E., M.A

### PERSONS OF EXPERIENCE IN EDUCATION

S. N. Chaplin
The Venerable A. V. G. Cleall
G. C. S. Curtis, O.B.E., M.A
J. W. Gofton, O.B.E
Mrs. D. W. Higgin, Ph.D.
H. B. Jenkins
The Rev. F. J. Saurin
L. S. Webb
(One vacancy)

### REPRESENTATIVES OF TEACHERS

O. J. Ellis
Miss M. E. Heald
A. C. Hutchinson, M.A.
Miss D. A. Williams
(One vacancy)

# STAFF OF THE SCHOOL HEALTH SERVICE

(*as at* 31*st December,* 1964)

---

## CENTRAL OFFICE

*Principal School Medical Officer:*
J. A. C. Franklin, M.B., B.S., D.P.H

*Deputy Principal School Medical Officer:*
R. D. Pearce, M.R.C.S., L.R.C.P., D.P.H.

*Principal Medical Officer:*
Elizabeth M. Sefton, M.R.C.S., L.R.C.P., D.C.H., D.P.H., L.M.

*Senior Medical Officer:*
I. B. Millar, M.D., B.Ch., B.A.O., D.P.H

*Principal School Dental Officer:*
J. Byrom, L.D.S

*Superintendent Nursing Officer:*
Miss F. S. Leader, S.R.N., S.C.M., Q.N., H.V.Cert

*County Health Inspector:*
S. E. Willis, M.A.P.H.I

***Statistician:***
W. H. Leak, B.A., F.S.S

*Health Education Organiser:*
C. E. Williams

## DIVISIONAL STAFF

| *Divisions* | *Divisional School Medical Officers* |
|---|---|
| North-East Essex | John D. Kershaw, M.D., B.S., D.P.H |
| Mid-Essex | J. L. Miller Wood, V.R.D., M.R.C.S., L.R.C.P., D.P.H |
| South-East Essex | A. Yarrow, M.B., Ch.B., D.P.H |
| South Essex | J. Gorman (Acting) M.B., D.P.H. |
| Forest | F. G. Brown, T.D., M.B., Ch.B., B.A.O., D.P.H |
| Romford | F. Groarke, M.B., L.M., D.C.H., D.P.H |
| Barking | Margaret I. Adamson, M.B., Ch.B., D.P.H |
| Dagenham | J. Adrian Gillet, M.B., Ch.B., D.P.H., F.R.S.H |
| Ilford | I. Gordon, M.D., Ch.B., M.R.C.P., D.P.H |
| Leyton | E. W. Wright, M.B., Ch.B., D.P.H |
| Walthamstow | M. Watkins, M.R.C.S., L.R.C.P., D.P.H |
| Harlow | I. Ash, M. D., D.P.H |
| Basildon | P. X. O'Dwyer, M.B., B.Ch., D.P.H |
| Colchester | John D. Kershaw, M.D., B.S., D.P.H. |

### *Other Divisional Staff*

*(excluding staff employed by Regional Hospital Boards)*

| | *Number employed* | *Aggregate of time given to School Health Service (in terms of whole-time officers)* |
|---|---|---|
| School Medical Officers | 107* | 39.64 |
| Area Dental Officers | 11 | 53.2 |
| Dental Officers | 83* | |
| Dental Auxiliaries | 2 | 1.8 |
| Health Visitors/School Nurses | 323 | 122.19 |
| Nursing Assistants | 45 | 18.86 |
| Dental Surgery Assistants | 88 | 67.0 |
| Speech Therapists | 30 | 25.1 |
| Psychiatric Social Workers | 12 | 10.8 |
| Physiotherapists | 2 | 1.16 |
| Chiropodists | 16 | 4.84 |
| Occupational Therapist | 1 | 1.0 |

* includes sessional officers

## GENERAL STATISTICS

The Registrar General's estimate of population for the Administrative County at mid-year 1964 was 1,942,780 of whom approximately 288,350 were children of school age.

### School Population 1964

| | *Primary Schools* | *Secondary Schools* | *Total* |
|---|---|---|---|
| North-East Essex | 10,451 | 6,740 | 17,191 |
| Colchester | 6,297 | 5,486 | 11,783 |
| Mid-Essex | 21,811 | 14,160 | 35,971 |
| South-East Essex | 9,993 | 5,750 | 15,743 |
| South Essex | 28,686 | 21,191 | 49,877 |
| Forest | 14,849 | 10,991 | 25,840 |
| Romford | 11,214 | 8,927 | 20,141 |
| Barking | 6,007 | 4,749 | 10,756 |
| Dagenham | 9,763 | 7,660 | 17,423 |
| Ilford | 12,510 | 9,132 | 21,642 |
| Leyton | 5,481 | 4,496 | 9,977 |
| Walthamstow | 7,799 | 7,216 | 15,015 |
| Harlow | 9,935 | 6,106 | 16,041 |
| Basildon | 12,819 | 7,440 | 20,259 |
| Boarding Schools | — | 691 | 691 |
| Total 1964 | 167,615 | 120,735 | 288,350 |
| Total 1963 | 163,373 | 122,249 | 285,622 |

### Number of Schools

| | |
|---|---|
| Primary Schools | 733 |
| Secondary Schools (including grammar schools) | 220 |
| Technical and other Colleges | 14 |
| Nursery Schools | 3 |
| Special Schools for handicapped children | 26 |

## Distribution of Special Schools

The 26 special schools in the Administrative County cater for handicapped pupils in the following way :—

| *Category of handicapped pupil* | *Divisional Executive* | *Day Schools* | *Residential Schools* | *Sex* | *Accommodation* |
|---|---|---|---|---|---|
| Educationally subnormal | Colchester | 1 | — | Mixed | 100 |
| | Mid-Essex | -- | 1 | Male | 58 |
| | Mid-Essex | — | 1 | Female | 65 |
| | Mid-Essex | 1 | — | Mixed | 100 |
| | Basildon | 1 | — | Mixed | 140 |
| | South Essex | 1 | — | Mixed | 160 |
| | South Essex | 1 | — | Mixed | 120 |
| | South Essex | 1 | — | Mixed | 75 |
| | Forest | — | 1 | Male | 120 |
| | Harlow | 1 | — | Mixed | 100 |
| | Barking | 1 | — | Mixed | 100 |
| | Dagenham | 1 | — | Mixed | 150 |
| | Leyton | 1 | — | Mixed | 200 |
| | Romford | 1 | — | Mixed | 100 |
| | Walthamstow | 1 | — | Mixed | 100 |
| | Total | 12 | 3 | — | 1,688 |
| Maladjusted | N.E. Essex | — | 1 | Male | 45 |
| | Forest | — | 1 | Mixed | 42 |
| | Leyton | 1 | — | Mixed | 60 |
| | Total | 1 | 2 | — | 147 |
| Delicate and/or physically handicapped | N.E. Essex | — | 1 | Mixed | 90 |
| | South Essex | 1 | — | Mixed | 100 |
| | Barking | 1 | — | Mixed | 80 |
| | Dagenham | 1 | — | Mixed | 50 |
| | Ilford | 1* | — | Mixed | 120 |
| | Walthamstow | 1 | — | Mixed | 95 |
| | Total | 5 | 1 | — | 535 |
| Partially sighted | Walthamstow | 1 | — | Mixed | 48 |
| | Total | 1 | — | — | 48 |
| Deaf | Walthamstow | 1 | — | Mixed | 55 |
| | Total | 1 | — | — | 55 |

* A unit for cerebral palsied children is attached to this school

### Children in Hospital Special Schools at end of 1964

During 1964 the number of children admitted to the Notley Hospital School was 228 and the number remaining on the Roll at the end of the year was 50.

### Number of School Clinics

| | |
|---|---|
| Minor ailments | 87 |
| Dental | 82 |
| Ophthalmic | 39 |
| Ear, Nose and Throat | 4 |
| Orthopaedic | 15 |
| Paediatric | 2 |
| Speech Therapy | 79 |
| Physical Medicine | 24 |
| Orthoptic | 12 |
| Sunray (Ultra Violet Light) | 3 |
| Chiropody | 34 |
| Enuresis | 2 |
| Dermatology | 1 |

Further details are referred to in Appendix K.

## MEDICAL INSPECTIONS

A total of 77,024 pupils were examined at periodic medical inspections during 1964, a decrease of 6,015 as compared with the number of such inspections carried out during 1963. In addition a total number of 38,776 special or re-inspections were carried out in 1964, this figure being 13,035 less than during the previous year.

The alternative experimental schemes of selective medical inspections referred to in previous Reports continued satisfactorily during the year in Colchester and Harlow. Under these schemes a total of 707 pupils were found not to warrant a medical examination.

# FINDINGS AT MEDICAL INSPECTIONS

(*See also Appendix A*)

## Physical Condition of School Children

Of the 77,024 children inspected during 1964 only 153 (0.2%) were found to be unsatisfactory as regards their physical condition. This represents a continuation of the improvement in the general condition of the children and the following tables show the measure of improvement over the last six years.

| *Year* | *Percentage of children free of defects requiring treatment* | *Percentage of children unsatisfactory* |
|---|---|---|
| 1959 | 84.6 | 1.0 |
| 1960 | 84.3 | 0.5 |
| 1961 | 84.7 | 0.3 |
| 1962 | 85.6 | 0.2 |
| 1963 | 86.8 | 0.2 |
| 1964 | 87.6 | 0.2 |

Information relating to the number of children inspected at periodic medical inspections during 1964 as compared with 1963 and the number of those children found to have defects requiring treatment are shown in the following tables :—

**Periodic medical inspections : number of children with defects 1963**

| *Age Groups Inspected (by year of birth)* | *Number of children inspected* | *Number of children with defects requiring treatment* | *Ratio of children with defects to children inspected* | *Percentage of children defined as "unsatisfactory"* |
|---|---|---|---|---|
| 1959 and later | 526 | 29 | 1 : 18.1 | 0.4 |
| 1958 | 12,002 | 1,248 | 1 : 9.6 | 0.3 |
| 1957 | 14,652 | 1,677 | 1 : 8.7 | 0.3 |
| 1956 | 3,136 | 480 | 1 : 6.5 | 0.3 |
| 1955 | 766 | 144 | 1 : 5.3 | 0.5 |
| 1954 | 545 | 118 | 1 : 4.6 | 0.2 |
| 1953 | 3,704 | 471 | 1 : 7.9 | 0.1 |
| 1952 | 11,571 | 1,503 | 1 : 7.7 | 0.1 |
| 1951 | 6,484 | 988 | 1 : 6.6 | 0.2 |
| 1950 | 2,737 | 412 | 1 : 6.6 | 0.3 |
| 1949 | 8,304 | 1,102 | 1 : 7.5 | 0.1 |
| 1948 and earlier | 18,612 | 2,826 | 1 : 6.6 | 0.1 |

### Periodic Medical Inspections : number of children with defects 1964

| *Age Groups Inspected (by year of birth)* | *Number of children inspected* | *Number of children with defects requiring treatment* | *Ratio of children with defects to children inspected* | *Percentage of children defined as "unsatisfactory"* |
|---|---|---|---|---|
| 1960 and later | 451 | 66 | 1 : 6.8 | — |
| 1959 | 11,522 | 1,150 | 1 : 10.0 | 0.2 |
| 1958 | 13,774 | 1,490 | 1 : 9.2 | 0.4 |
| 1957 | 2,488 | 330 | 1 : 7.5 | 0.4 |
| 1956 | 535 | 94 | 1 : 5.7 | — |
| 1955 | 343 | 63 | 1 : 5.4 | — |
| 1954 | 3,972 | 466 | 1 : 8.5 | 0.1 |
| 1953 | 11,386 | 1,438 | 1 : 7.9 | 0.1 |
| 1952 | 5,998 | 863 | 1 : 7.0 | 0.4 |
| 1951 | 2,322 | 305 | 1 : 7.6 | 0.7 |
| 1950 | 7,759 | 1,024 | 1 : 7.6 | 0.1 |
| 1949 and earlier | 16,474 | 2,281 | 1 : 7.2 | 0.1 |

## Cleanliness Inspections

A total of 324,092 individual examinations of pupils in schools were carried out in 1964 by school nurses and other authorised persons. This figure was a reduction of 4,374 on the figure for 1963 and the number of pupils found to be infested, 1,186 was an increase of only one over the total for the previous year.

During the year under review it was necessary to issue 55 cleansing notices under Section 54(2) and 5 cleansing orders under Section 54(3) of the Education Act 1944.

The general trend in this connection over the last 10 years is shown in the following table :—

### Infestation with Vermin

| | 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 |
|---|---|---|---|---|---|---|---|---|---|---|
| Children found to be infested with vermin ...... ...... | 1,826 | 1,569 | 1,417 | 1,648 | 1,213 | 1,200 | 1,187 | 1,051 | 1,185 | 1,186 |
| Percentage of school population infested ...... | 0.7 | 0.6 | 0.5 | 0.6 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 | 0.4 |
| Percentage of inspected children infested ...... | 0.32 | 0.28 | 0.24 | 0.37 | 0.33 | 0.35 | 0.35 | 0.32 | 0.36 | 0.37 |

**School Meals Service and School Milk Scheme**

I am grateful once again to the Chief Education Officer for letting me have the report on the School Meals Service and Milk in Schools Scheme, which appears in Appendix C to this report.

## TREATMENT OF DEFECTS

(*See also Appendix A*)

**Diseases of the Lungs**

Compared with 293 last year, 260 children examined at periodic medical inspections were referred for treatment because of defects of their lungs and a further 1,211 children were referred for observation because of these defects. Of the number found to require treatment, 116 were examined as school entrants, 107 at intermediate examinations (generally at 10-11 years of age) and 43 as school leavers. In addition 150 children were examined at special inspections carried out during the year because of lung defects and of these 62 were referred for treatment and 88 required observation.

Those children who are severely enough affected to warrant their being classified as handicapped pupils are admitted to special schools for the delicate or physically handicapped and in this respect the County as a whole continued to be served by the Ogilvie School, Clacton-on-Sea.

**Heart Disease**

A total of 135 children examined at periodic medical inspections were found to require treatment for heart conditions and 874 were recommended for observation.

In addition 20 children brought forward for special examination were found to require treatment for defects of this nature and 41 were recommended for observation.

**Diseases of the Ears**

*Hearing.* In the course of the year a total of 302 children were discovered at periodic medical inspections to require treatment because of hearing difficulties. Of these, 142 were discovered during their first medical inspection as school entrants and 47 were found among the group leaving school.

*Otitis Media.* Children found at periodic medical inspections to require treatment because of otitis media numbered 118. This figure was a decrease of 23 on the corresponding figure for the previous year but the incidence (1.6 per 1,000 children examined) was practically the same.

*Other.* The number of children found at periodic medical inspections to require treatment for other defects of the ear increased to 117 from 112 in 1963, but the number of children referred for treatment following special inspections rose from 114 in 1963 to 146 in 1964.

### Orthopaedic Defects

*Posture.* A steady improvement in the incidence of children discovered to require either treatment or observation because of postural defects continued during 1964. During the year a total of 888 children were found to have postural defects, which was 168 less than the figure for the previous year.

*Feet.* Once again there was an increase over the previous year in the number of children found to have defects of the feet. The total of 2,356 children referred for either treatment or observation during the year under review included 1,169 in their first year of school life and 792 leavers, which is a considerable increase over the previous year especially for school leavers.

*Other.* Orthopaedic defects of other types detected at periodic medical examinations during 1964 totalled 1,768, of which 405 required treatment and 1,363 were referred for observation.

### Skin Conditions

A total of 5,499 children were found to require treatment or observation because of skin diseases and of these, 3,119 were examined at special inspections. These figures are almost half of those for 1963 owing to the fact that in the previous year a Survey was carried out in Barking on the feet of school children.

Of the total number of pupils found to be suffering from skin diseases, eight were cases or ringworm of the scalp or body, three of scabies and 78 of impetigo.

In August 1964, the South Essex Division received returns for a Verruca Survey which had been carried out in schools and a report by Mr. W. H. Leak, Statistician to the Health Department, on this Survey will be found in Appendix H to this report.

### Chiropody

A directly provided chiropody service operates for school children in the Barking, Dagenham, Leyton and Walthamstow Divisions, but in the remainder of the County, chiropody treatment remained restricted to priority groups, namely the elderly, the physically handicapped and expectant mothers. In the four Divisions mentioned 1,682 children who were treated during the year made a total of 4,879 attendances. In addition 55 children from Romford and 92 from Basildon made 230 and 431 attendances respectively at chiropody clinics.

### Minor Ailments

Treatment for minor ailments at school clinics has tended to decline over the years and, with a few exceptions, children who attend the school clinics are those called for special examination at the request of the parent, Head Teacher, or members of the School Health Staff, for Child Guidance referral and other allied educational matters.

The number of children treated during the last three years and the conditions for which treatment was given in school clinics are shown in the following table :—

| *Conditions for which treatment given* | *No. of children treated* | | |
|---|---|---|---|
| | 1962 | 1963 | 1964 |
| External and other eye diseases, excluding errors of refraction and squint ...... | 1,146 | 963 | 966 |
| Diseases of the ear, nose and throat (non-operative treatment) | 914 | 953 | 971 |
| Skin diseases, excluding uncleanliness | 4,561 | 3,855 | 3,622 |
| Miscellaneous minor ailments including enuresis ... ...... | 3,726 | 4,460 | 4,458 |
| TOTAL ...... ...... | 10,347 | 10,231 | 10,017 |

**Enuresis**

Arrangements continued during the year whereby children suffering from nocturnal enuresis could have the use of enuresis alarms free of charge under Section 28 of the National Health Service Act 1946.

The special Enuresis Clinics in Harlow and Ilford continued to operate and the following details show the work undertaken and results achieved.

**Harlow**

During the year 123 children attended the Enuresis Clinic at Chadwick House, Harlow as follows :–

| | *New Patients* | *Old Patients* | *Receiving further treatment after relapse* |
|---|---|---|---|
| Cured ... ... ... | 29 | 11 | 4 |
| Greatly improved ... | 4 | 8 | — |
| Improved ... ... ... | 1 | 1 | — |
| Slightly improved ... | 3 | 5 | 1 |
| Spontaneous recovery ... | 6 | — | — |
| Failed to continue treatment | 10 | 3 | 1 |
| Referred to Child Guidance Clinic | — | 1 | 1 |
| Still under treatment ... | 24 | 2 | 8 |
| | 77 | 31 | 15 |

### Ilford

At this clinic 48 sessions were held during the year compared with 39 in the previous year and a total of 107 new cases were seen as compared with 99 new cases during 1963 and 70 during 1962.

A total of 523 attendances were made during 1964 by both old and new cases compared with 403 during 1963 and by the end of the year 57 children had been discharged as completely cured whilst 40 were self-discharged.

The following table shows how the 107 new cases came to be referred to the clinic :—

| *Recommended by* | *Under 5 years* | | *Over 5 years* | |
|---|---|---|---|---|
| | *Boys* | *Girls* | *Boys* | *Girls* |
| Infant Welfare Officers ...... ...... | 19 | 3 | — | — |
| School Medical Officers ...... . | — | — | 34 | 14 |
| General Practitioners ...... ...... | 3 | 2 | 7 | 10 |
| Parents ...... ...... ...... ...... | — | 2 | 3 | — |
| Health Visitors ...... ...... ...... | 7 | 1 | 1 | 1 |
| Total ...... ...... ... | 29 | 8 | 45 | 25 |

### Diseases of the Eye and Defective Vision

A total of 9,267 children examined at periodic school inspections during 1964 were recommended for treatment or observation because of diseases of the eye or defective vision, this being 188 less than the previous year. Of this total, 8,006 were cases of defective vision.

### Recuperative Holidays

Arrangements were made for 338 children to have recuperative holidays. This shows once again a slight decrease compared with the previous year.

# SPEECH THERAPY

The table below gives details of those children with special defects who were receiving treatment at the end of 1964 at speech therapy clinics provided by the County Council

**Analysis of Children receiving Speech Therapy at the end of 1964**

| Speech Defect | *Number of Children* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | *Under 5 years of age* | *Attending infant schools* | *Attending junior schools* | *Attending secondary schools* | *Attending special schools* | TOTALS | | |
| | | | | | | 1964 | 1963 | 1962 |
| Delayed development, including aphasia ...... | 92 (69) | 109 (89) | 40 (44) | 4 (12) | 70 (72) | 315 | 286 | 382 |
| Defect of articulation ...... ...... ...... | 89 (92) | 518 (593) | 344 (338) | 39 (42) | 98 (66) | 1,088 | 1,131 | 1,194 |
| Stammer ...... ...... ...... ...... ...... | 12 (13) | 40 (43) | 76 (94) | 94 (104) | 18 (18) | 240 | 272 | 325 |
| Stammer and articulation defect combined | 4 (3) | 14 (18) | 25 (18) | 15 (6) | 4 (4) | 62 | 44 | 66 |
| Defect associated with hearing loss ...... | 1 (3) | 13 (20) | 27 (21) | 8 (4) | 26 (6) | 75 | 54 | 55 |
| Disorder of voice ...... ...... ...... ...... | 1 (2) | 8 (10) | 14 (17) | 5 (3) | 6 (3) | 34 | 35 | 62 |
| Unclassified ...... ...... ...... ...... ...... | 8 (–) | 17 (15) | 11 (15) | 4 (6) | 18 (16) | 58 | 52 | 78 |
| TOTAL ... ... 1964 | 207 | 719 | 537 | 169 | 240 | 1,872 | — | — |
| 1963 | 182 | 788 | 542 | 177 | 185 | — | 1,874 | — |
| 1962 | 204 | 906 | 581 | 233 | 238 | — | — | 2,162 |

NOTE: Figures in parenthesis relate to 1963

# REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER FOR 1964

The aim of the School Dental Service is to ensure that, as far as possible, children shall leave school without loss of permanent teeth, free from dental decay and irregularity, and trained in the care of the teeth. They should be shown the natural advantages of a good, healthy dentition, and be imbued with the enthusiasm to continue their efforts to maintain a healthy mouth. To achieve this desirable end, the Service, as I see it, has two main functions; namely Education and Treatment.

The latter function differs very little from other branches of the profession, except that continually treating children may be more exacting to some practitioners. The circumstances obtaining in the Local Authority Service, however, give unique opportunities for the education of the young in the discipline needed to achieve this end. One of the best and most practical indicators of the success or otherwise of the dental profession in any locality, in its search for prevention or early curative measures, is readily found at school dental inspections. Indeed, an inspection of school leavers is most informative. All this is related to the function of education, and the information gained from these inspections can show the way to the best use of the dental health education facilities made available by the Local Authority. Great store should be set on these inspections, and the opportunities accruing for enlisting the help of the teaching staffs to further the welfare of their pupils. It is a mistake to look on this duty of dental inspections on school premises as no more than finding out which child needs treatment and which does not. It is one of the fundamentals of a successful Local Authority Dental Scheme.

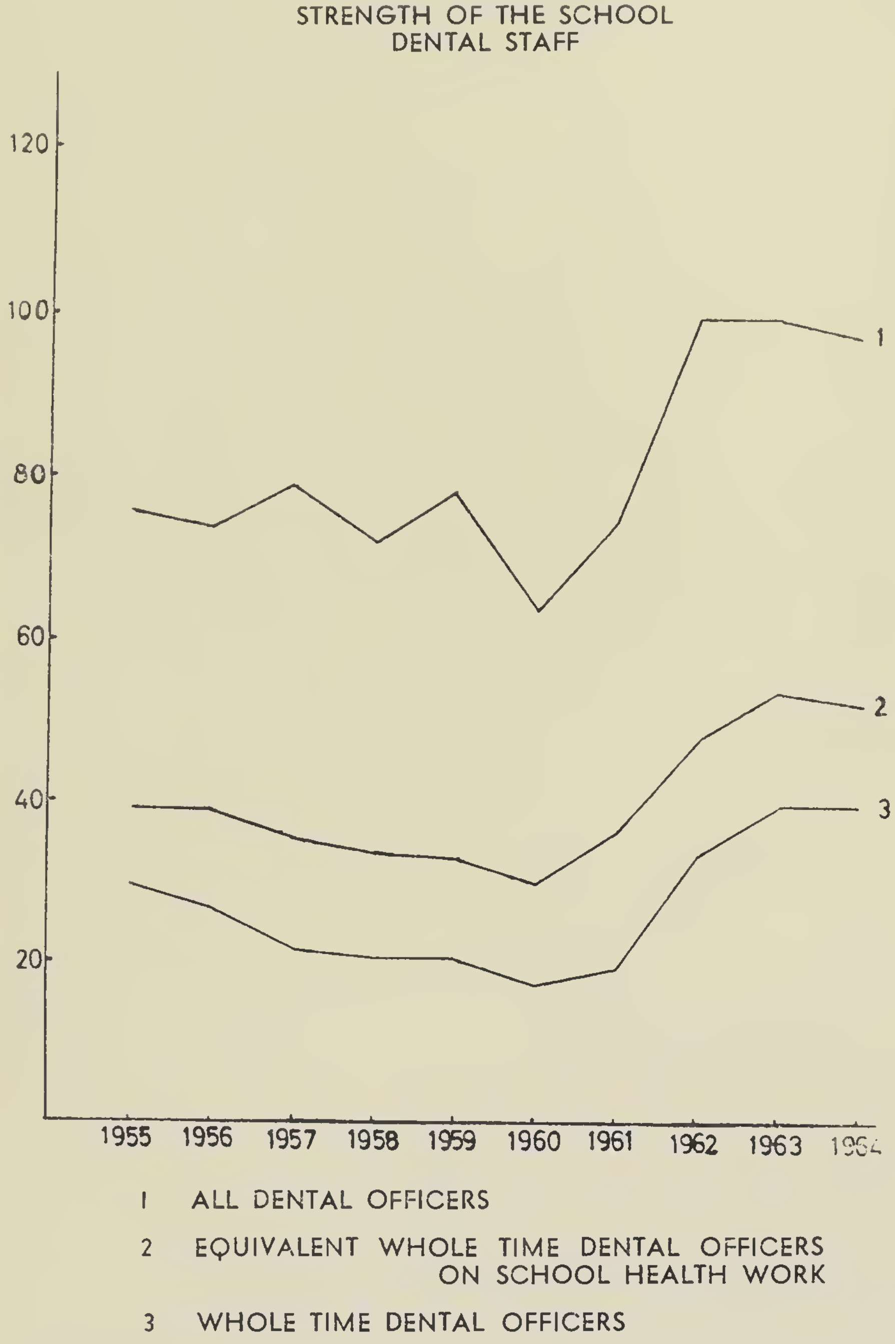
The writer continues with " extra-mural " activities and attends Committee Meetings of the General Dental Council, the North-East Metropolitan Regional Hospital Board, the Local Dental Committee of the Essex Executive Council of the National Health Service and the Essex Branch Council of the British Dental Association as well as the usual run of scientific meetings.

## Staff of the School Dental Service

On the 31st December, 1964, there were 95 Dental Officers in post, and of these 39 were whole-time. The total whole-time equivalent was 51.4, and voluntary evening sessions accounted for the equivalent of about two further whole-time Officers. These evening sessions are appreciated by many pupils studying for important examinations, and it is surprising that the demand is not greater.

Graph 1 below, shows the staffing trend since 1955.

In addition to the Dental Officers there were the equivalent of 57 Dental Surgery Assistants, 5 Dental Technicians and an apprentice, and 2 Dental Auxiliary Workers.



Graph 1

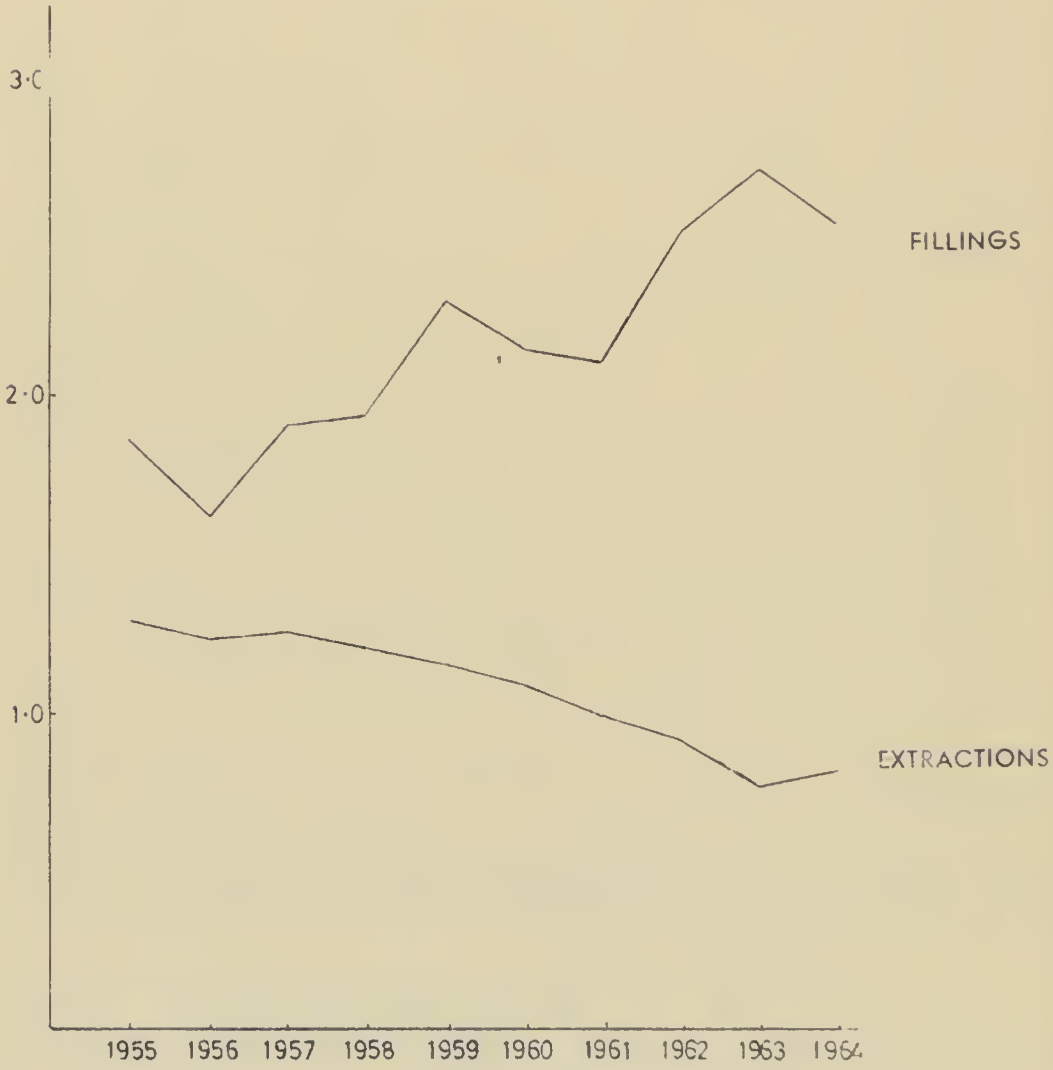
**Statistics**

During the year under review, 171,676 children were inspected, and this is an increase of 19,024 over the previous year. Of these, 77,149 were offered treatment, and 41,324 were actually treated.

Graph 2 below, shows the average number of fillings and extractions completed for each child treated.

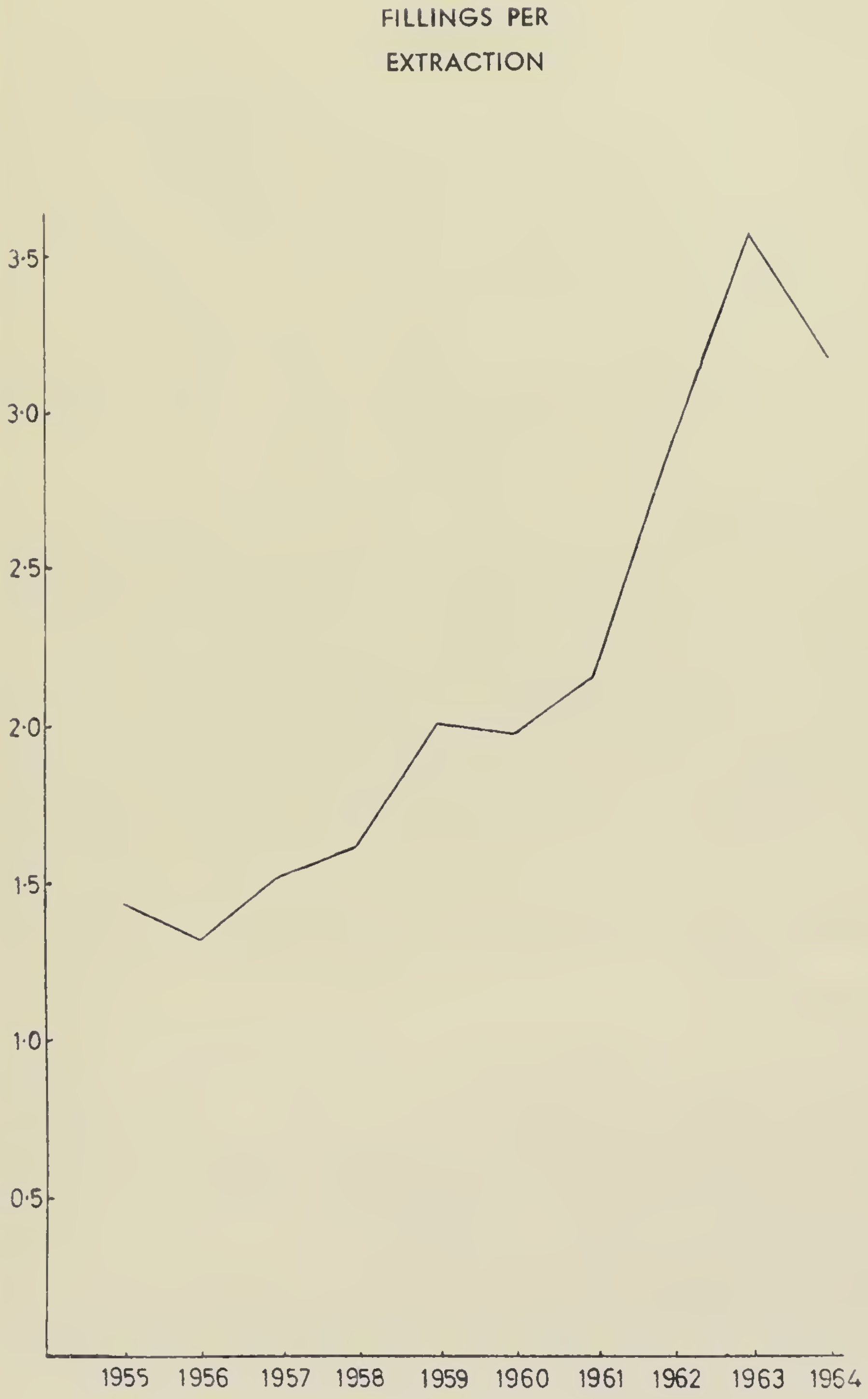
In 1964, more than half the children under the Committee's care were inspected.

AVERAGE WORK
PER CHILD TREATED



Graph 2

Graph 3 below, shows that for every tooth extracted more than three fillings were inserted.



Graph 3

## General Anaesthetics

The opportunity for the post-graduate instruction of Assistant County Medical Officers at the Eastman Dental Hospital was continued.

It is a great pity that the introduction to dentistry for many children is by way of teeth extraction, and everything should be done to make this experience not only as safe but as least unpleasant as possible. The most up-to-date apparatus, anaesthetic agents, drugs and equipment have been made available to the anaesthetists. The usual inhalation anaesthetic agents used in the Authority's clinics are nitrous oxide and oxygen, and Halothane (fluothane). The young patients attending our clinics are ambulant, and most of them are without pre-medication, and these conditions call for great patience and skill from all the staff concerned.

The anaesthetic machines are serviced regularly by the makers, particularly to check that the calibration of the different gases is correct. Each machine has a high-pressure, emergency oxygen circuit.

## Premises and Equipment

Throughout the County, there are 51 clinics, each with one surgery available, and 23 with multiple surgeries, giving 94 surgeries in all. At the end of the year 82 of these were in use. New clinics with dental rooms have been opened at Wickford, Colchester (Monkwick), Chelmsford (Moulsham Lodge), Basildon (Central), Harold Wood (Gubbins Lane), Barking (Woodward), and Harlow (Lister House). It is interesting to recall that the Woodward Clinic at Barking is a replacement for one destroyed by enemy action during the last war. These purpose-built clinics, with their up-to-date and comprehensive equipment, are a credit to the Authority. One hired building is still in use: at Stansted for two sessions weekly during school term time only.

## Dental Auxiliary Workers

The creation of two posts of Dental Auxiliary Worker was agreed in January, 1962, together with a further post in 1964. These posts have now been filled; one at Walthamstow, one at Leyton, and one at Barking, and observations from the supervising Dental Officers all tell of satisfactory service.

It will be recalled that this class of dental worker was instituted under the authority of the Dentists Act, 1957, Part IV. These auxiliaries take a two-year training course at a special school at New Cross General Hospital, which was set up by the General Dental Council, and after successfully passing the qualifying examinations they are permitted :—

(a) To undertake the filling of teeth, the extraction of deciduous teeth; and

(b) To be employed to do this type of work only in the National and Local Dental Health Services.

The present Regulations stipulate that the Auxiliary Workers must work to the prescription of a registered dentist, and shall be employed in the same building as the dentist. In practice, this means that an Auxiliary can only be employed in a multi-surgery clinic.

### Orthodontics

Basically, this is the treatment whereby irregularly placed teeth are straightened. The results are sometimes very spectacular, and give great satisfaction to child, parent, and dentist. Quite frequently the whole outlook of the child is improved out of all recognition. Discrimination, however, is needed in choosing children and parents as being suitable for prolonged treatment. Wearing an orthodontic appliance is apt to increase the dental decay rate and regular inspection and general treatment must be readily available for these children.

The scheme for consultation in this County follows the pattern of previous years. The consultant of the North-East Metropolitan Regional Hospital Board continues to see cases from the Local Authority Dental Officers—as he also does from dental practitioners in the National Health Service. Mr. Willcocks uses Whipps Cross Hospital as his base, and visits Colchester, Chelmsford and Southend weekly. This branch of dentistry is complex and time consuming, and much benefit accrues from having this consultant cover. Some of the Dental Officers send cases to their undergraduate teaching hospitals in London, where they are known personally to the teaching staff. The north-west of the County continues to be covered by the consultant from the East Anglian Regional Hospital Board, who visits Addenbrooke's Hospital, Cambridge, regularly.

Several Dental Officers have had the benefit of post-graduate tuition in this work.

715 cases were completed, against 575 in 1963.

### Dental Appliances

Following the practice of many years standing, most of the dentures, orthodontic appliances and other pieces of work, were made in the County's laboratories at Barking and Walthamstow. Dentures were also made for expectant and nursing mothers, who are treated by the dental staff under Section 22 of the National Health Service Act. Some work was also put out to technicians to the profession

### Epidemiological Studies

It will be recalled that in 1962 arrangements were made for the research staff of the London Hospital Dental School to carry out work with medicated toothpaste with school children in some of the grammar schools in the County.

The inspections are carried out within the precincts of the school in specially designed mobile dental units equipped with X-ray apparatus. From all reports, the London Hospital team were very happy in their relationships with the school authorities. The project has another 18 months to run before completion.

It will also be recalled that up to July, 1964, the West Mersea water supply contained nearly 6.0 p.p.m. fluoride, which is excessive, and which resulted in the staining of the permanent teeth of many of the inhabitants. This water supply, however, was changed in July 1964, to a low flouride content, and in due course badly stained teeth from this cause will be unknown.

With this in mind, arrangements were made with the Royal Dental Hospital for a team to visit, and make photographic recordings of these conditions. The primary school at West Mersea was visited in September, and the more senior pupils will be seen later.

### Post-Graduate Courses

The practice of dentistry has altered greatly during the last two decades, and to keep up to date with modern techniques it is necessary to have post-graduate instruction from some source or another. Attendance at these courses specially organised by eminent people in different branches of the profession are probably the best way to keep up to date. During the year selected Dental Officers attended courses organised by the Eastman Dental Hospital, the Society of Medical Officers of Health, the British Dental Association, and the British Post-Graduate Federation. Instruction in coping with the hazards of dental radiography was also available for the Dental Officers and Dental Surgery Assistants through the courtesy of Kodak.

### Mental Health Cases

Last year it was reported that a start had been made in the routine examination and treatment of the children who are resident at Holliwell Lodge Hostel, Stanway, Colchester. This work is an obligation under the 1959 Mental Health Act, and the service was continued in 1964 and placed on a permanent footing. The children are inspected at the Hostel by the Area Dental Officer, Colchester, and any subsequent treatment is carried out at the Shrub End Clinic, Colchester. Mr. Clark says that although he finds this work very time-consuming, he considers it very rewarding. I understand that the staff at the Hostel are most co-operative in this matter.

### Dental Health Education

The campaign at Harlow is drawing to a close, and at the time of writing only one Infants' School, one Junior School, and the three County Secondary Schools remain to be visited a second time. The routine, with very little alteration in the light of experience, remains the same; namely high-intensity instruction in the schools, involving teaching, films, and all manner of visual aids. Arrangements are also made for a parents' evening meeting during these

School Weeks. A colour film of the activities in Harlow has been made in co-operation with the Oral and Visual Aids Section of the Education Department, and the completed film should be ready some time during 1965.

Teaching has been undertaken, by request, in other parts of the County, and successful Dental Health Weeks were held at the John Perry School, Dagenham, the Erkenwald School, Barking, and the Faircross School, Barking. In addition many film shows were given in all parts of the County. Follow-up work is an essential factor in this work.

In my last Report I mentioned the desirability of visiting Teachers' Training Colleges, and this has been done in Saffron Walden and Brentwood. We spent a whole week in the former College during February, and, with the assistance of a class from a neighbouring school, a demonstration lesson was undertaken at the Brentwood College under closed television circuit. There was some discussion afterwards.

Members agreed to the sale of toothbrushes in clinics as a means of furthering the cause of Dental Health Education, and these articles are now on sale on the Committee's premises. They are sold, for a few pence each, to children, and it is hoped that the habit of frequently changing toothbrushes will be carried on when the children have left school. The demand is brisk, and it is thought that the extra trouble is well worth while.

Dental Health was again one of the features at the Department's display at the Essex Show held at Great Leighs.

There have been preliminary discussions between the senior staff of the Central Office about the recommendations contained in the Report of a Joint Committee of the Central and Scottish Health Services Councils on Health Education (the Cohen Report) of which dental health education is of course a part.

Although it is not the direct concern of the Education Committee, this opportunity is taken to report that the dental staff have carried out teaching at all the ante-natal clinics at Harlow. It is hoped, as time goes on, that the benefits of this work will be seen in the improved dental condition of new school entrants. All this teaching revolves round the four rules for Dental Health :—

(1) Eat nourishing meals and nothing sweet and sticky in between.
(2) Finish meals with raw fruit or vegetables or rinse the mouth with water.
(3) Brush the teeth and gums regularly after breakfast and always last thing at night.
(4) Have regular dental inspections.

Many articles sold in so-called school tuckshops, such as biscuits and sweets, are directly against this teaching. There is no doubt that the financial profits accruing from the sale of these things can be accurately computed, but the price in misery and premature loss of teeth is difficult to reckon.

## Documentation

A new system for statistical returns of work, to be used on a national basis, was suggested in 1963 by the Chief Dental Officer of the Department of Education and Science, and this has been accepted in the Divisions. The scheme was explained in detail at a meeting of Area Dental Officers held at County Hall.

## Visitors to the Department

These included Mr. J. P. Cocker from the General Dental Council, in connection with the employment of Dental Auxiliary Workers; Mr. J. Rodgers, Dental Officer of the Department of Education and Science, in connection with the School Dental Service in Essex; Miss Knowles, Miss Hutchinson and Mr. Dawson, all from the staff of the Department of Education and Science, to see Dental Health teaching in a school; and Dr. Stosic, Chief Dental Officer of the Ministry of Health of Yugoslavia.

## Fluoridation of Water Supplies

Following on the statistical details given in my last report, I have included at Appendix J my general comments on this subject.

J. BYROM

## CHILD GUIDANCE SERVICE

The demand on the Child Guidance Service continued during the year and in six of the nine clinics the number of referrals showed an increase over the previous year. Details of the source of referral over the past three years are given later in the report.

Dr. W. R. Little, Consultant Psychiatrist to the Leyton Child Guidance Clinic and the Paediatric/Psychological Unit at Whipps Cross reports as follows :—

> " The staffing of the service and the work done remains constant, but has changed its character. The emphasis is now on the prevention of the development of intractable difficulties within families by early detection of children at risk. Many more infant schools can be visited and more formal discussions arranged between the staff, as a school, and the child psychiatric team. Children attending special schools are helped by a close contact between the staff of these schools and the psychiatric team. The pilot scheme of discussion between junior and senior schools staff and psychiatric team has helped to define which individual problems need what kind of help."

During the year Dr. Helen Gillespie, Consultant Psychiatrist to the Walthamstow Child Guidance Clinic, retired and her duties were taken over by Dr. Janet Wilson. The following is a copy of the report made by Dr. Wilson since she took up duty.

> " I do not feel that I have been here quite long enough to evaluate these statistics fully. Unfortunately they do not appear to give a really adequate picture of the complexity of work undertaken at this clinic. For example, the diagnostic work involves rather lengthy investigations into family relationships, social and other environment influences, such as the school, undertaken by the whole team of Psychiatrist, Psychiatric Social Worker, and Educational Psychologist. Perhaps I might add here that symptoms are merely a signal of some kind of underlying distress, and do not constitute a diagnosis. The plan of treatment will depend on a variety of factors, such as the degree of emotional disturbance, as well as the capacity for insight and co-operation of both child and parents. The type of treatment offered is also dependent on the amount of time available. Usually treatment is supportive in character and is directed to removing obstacles which may be hindering the child's normal development. Psychotherapy is a more lengthy and intensive form of treatment which is unfortunately not yet available for many of the cases which might benefit, owing to lack of psychiatric time and the absence of Child Therapists.
>
> There is a growing awareness of the need to develop the more prophylactic aspects of our work. We have increasing links with Health Visitors, Probation Officers and Child Care Officers, and I hope that these

will be strengthened. In this connection we hope to develop the work already started at this clinic by Dr. H. Gillespie with regard to the children who are under 5 years. Another relevant problem is the question of selecting the child who really needs help now because of the risk of future mental breakdown, rather than the one who has more "nuisance value" or a greater capacity to arouse anxiety in others. This is clearly a very difficult problem to solve, and requires a very close working relationship between the clinic and the referring agencies."

## Staffing

The establishment and staff in post at the end of December, 1964, are shown in Appendix K.

## Referrals

The following table shows how cases were referred to Child Guidance Clinics during the year.

| *Source of Referral* | 1962 | 1963 | 1964 | *Expressed as percentages* | | |
|---|---|---|---|---|---|---|
| | | | | 1962 | 1963 | 1964 |
| School Medical Officers and Health Visitors ...... | 612 | 544 | 615 | 31.3 | 25.0 | 27.1 |
| General Practitioners ...... | 335 | 410 | 437 | 17.1 | 18.9 | 19.3 |
| Consultants ...... ...... | 135 | 182 | 160 | 6.9 | 8.4 | 7.0 |
| Educational Psychologists . | 227 | 303 | 269 | 11.6 | 14.0 | 11.9 |
| Head Teachers .. ...... | 142 | 233 | 213 | 7.3 | 10.7 | 9.4 |
| Children's Officer .... | 63 | 53 | 64 | 3.2 | 2.4 | 2.8 |
| Probation Officers .... | 57 | 62 | 58 | 2.9 | 2.9 | 2.6 |
| Magistrates ...... ...... | 126 | 122 | 111 | 6.4 | 5.6 | 4.9 |
| Direct Referrals (parents, etc.) ...... ...... ...... | 228 | 344 | 290 | 11.7 | 11.2 | 12.7 |
| Others .. .. ...... ..... | 29 | 19 | 53 | 1.5 | 0.9 | 2.3 |
| Totals ...... | 1,954 | 2,272 | 2,270 | 100 | 100 | 100 |

Further information about pupils dealt with is to be found in Appendix B to this report.

## The School Psychological Service

I am grateful to the Chief Education Officer for letting me have a report by the Psychologist to the Education Committee on the School Psychological Service for the year and this can be found in Appendix I.

## HANDICAPPED PUPILS

Appendix C to this report gives a summary of the children ascertained at the end of 1964 as handicapped pupils, showing those requiring special education as well as those, although handicapped, who are not deemed to require special education. The total number so ascertained was 17.1 per thousand of the school population, which is an increase of 4.8 over the previous two years owing to the inclusion of those handicapped children not requiring special education.

### Blind and Partially Sighted Pupils

At the end of 1964 there were 50 children ascertained as being blind and of these 42 were placed in boarding schools, one was attending a day special school, one was being educated elsewhere, five were awaiting placement and one did not require special education. There were 111 school children ascertained as partially sighted, 44 of whom were attending special schools as day pupils, 25 were receiving boarding education, five at ordinary schools, five being educated elsewhere and six awaiting placement. 26 children who were on the register as partially sighted were not thought to require special education.

The incidence of blindness in school children per thousand over the past ten years has tended to drop, as shown by the following figures, but the slight increase for 1964 is due to the inclusion of one child who although classified as blind is not thought to require special education :—

| 1955 | 1956 | 1957 | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 |
|---|---|---|---|---|---|---|---|---|---|
| 0.22 | 0.24 | 0.23 | 0.21 | 0.20 | 0.20 | 0.19 | 0.17 | 0.16 | 0.17 |

During 1964, 4 children were newly assessed as needing special education at special schools or boarding homes because of blindness compared with 3 in 1963.

The number of children ascertained during the year as being partially sighted totalled 12, this being one more than for the previous year.

The Joseph Clarke School for the Partially Sighted, Walthamstow, has an extensive catchment area, and continued to meet all the demands on its resources.

During the year there have been 62 children on the roll, drawn from the following areas :—

Essex—

| | |
|---|---|
| Barking ... ... | 1 |
| Basildon ... ... | 3 |
| Brentwood ... | 1 |
| Chigwell ... ... | 1 |
| Chingford ... | 3 |
| Dagenham ... | 11 |
| Harlow ... ... | 2 |
| Hornchurch ... | 1 |
| Hutton ... ... | 2 |
| Ilford ... ... | 7 |
| Leyton ... ... | 4 |
| Loughton ... | 2 |
| Rainham ... ... | 1 |
| Romford ... ... | 4 |
| Stondon Massey | 1 |
| South Ockendon | 4 |
| Tilbury ... ... | 1 |
| Upminster ... | 2 |
| Walthamstow ... | 2 |
| Woodford ... | 1 |

**Middlesex—**

| | | | |
|---|---|---|---|
| Edmonton ... | 2 | Potters Bar ... | 1 |
| Enfield ... ... | 1 | Tottenham ... | 1 |
| Palmers Green | 1 | Wood Green ... | 1 |

**London—**

| | |
|---|---|
| Holloway ... | 1 |

After correction, visual acuities (Snellen) in the School were as follows :—

13 children had acuity of less than 6/60
14 children had acuity of 6/60
18 children had acuity of 6/36
8 children had acuity of 6/24
8 children had acuity of 6/18

There was one young child whose visual acuity has not been accurately assessed. Twenty-seven children had monocular vision.

The ophthalmic conditions on entry were as follows :—

| | *Boys* | *Girls* | | *Boys* | *Girls* |
|---|---|---|---|---|---|
| Albinism ... ... | 4 | 3 | High Myopia ... | 4 | – |
| Aniridia ... ... | – | 2 | Iridocyclitis ... | 1 | – |
| Cataracts ... ... | 10 | 10 | Macular Degeneration | 3 | – |
| Choroiditis ... ... | – | 1 | Nystagmus ... | 4 | 1 |
| Coloboma ... ... | 2 | – | Optic Atrophy ... | 4 | 4 |
| Congenital Day Blindness | – | 1 | Retinal Degeneration | 1 | – |
| Corneal Opacity ... | 1 | – | Retinitis Pigmentosa | 3 | – |
| Ectopia Lemtis ... | 1 | 1 | Uveitis ... ... | – | 1 |

The average number on the roll during the year was 48, with an average attendance of 39.4 During the year 14 children were admitted and 14 were taken off the roll as follows :—

4 transferred to Schools for the Blind
1 transferred to a residential Partially Sighted Grammar School
2 transferred to Primary (Junior) Schools
1 transferred to Secondary Modern School
6 left to go to employment—
  1 boy to work in a Blind Workshop
  1 boy as storekeeper
  1 boy as groundsman
  1 boy as invoice clerk
  1 boy for whom employment was still being sought
  1 girl in a cosmetics factory

## Deaf and Partially Hearing Children

Eleven children were ascertained as requiring special educational treatment because of deafness during 1964, the same number as for the previous year.

The number of children ascertained as partially hearing during 1964 was 13, being a decrease of 8 over 1963.

At the end of the year there were 5 deaf and 10 partially hearing pupils awaiting placement in special schools and 3 deaf and 128 partially hearing children on the register but not requiring special educational treatment.

The report of the Senior Peripatetic Teacher for the Deaf and Partially Hearing is given in Appendix F.

With regard to the Nursery Unit for deaf children at the Glebe School, Rayleigh, the following is a report which I have received from Dr. A. Yarrow, Divisional School Medical Officer, South-East Essex Division :—

> " The Nursery Unit for deaf children at Rayleigh continued to prove its worth, although labouring under considerable difficulties owing to inability to recruit a second teacher. These difficulties were relieved to some extent by the success of two of the children who had reached infant school age in being able to go into an infant reception class for at least half their time, thus validating the original purpose of the nursery unit. Similarly, one child found to be too deaf to take this step was, as forecast in my last report, moved to a special school and another, having made good progress, returned to her ordinary day school. Nevertheless, if education of the deaf is not to suffer a serious setback, special efforts will have to be made by the local education authorities in co-operation with the Department of Education and Science to recruit and train teachers of the deaf. It is comparatively easy to put up and equip buildings, but it is not of the slightest value if the children cannot be admitted owing to shortage of staff.
>
> The ascertainment of pre-school children in South-East Essex at a comparatively early age continues and there are now 7 such children known to the department, compared with an expected number of 11. As this is written, the prospects of having our own audiology unit loom appreciably nearer. This would enable easier staff instruction in diagnostic techniques and ensure closer co-ordination of medical and teaching needs.
>
> In addition to children attending special schools, there are 14 in the South-East Essex Division attending ordinary schools while wearing hearing aids. These children are under the close supervision of Mr. Head, peripatetic teacher of the deaf.
>
> I am indebted to Mr. Head, Miss Bayley (Head Teacher, Glebe School) and Miss Golland (Nursery Teacher, Deaf Unit) for their constant assistance and co-operation throughout the year."

The William Morris School for Deaf in Walthamstow continued to operate during 1964, the children being drawn from Barking, Dagenham, Forest, Harlow, Ilford, Leyton, Romford, South-East Essex and Walthamstow. There were a total of 55 pupils on the register during the year, 22 classified as deaf and 33 as partially hearing. They were in the following age groups :—

| | | *Deaf* | | *Partially Hearing* |
|---|---|---|---|---|
| Under 5 years ... | Boys ... | 1 | Boys ... | – |
| | Girls ... | 2 | Girls ... | – |
| 5-11 years ... | Boys ... | 7 | Boys ... | 12 |
| | Girls ... | 7 | Girls ... | 6 |
| 11-16 years ... | Boys ... | 3 | Boys ... | 7 |
| | Girls ... | 2 | Girls ... | 8 |

**Delicate Pupils**

During 1964 the number of children newly ascertained as delicate was 99 as against 80 for the previous year. At the end of the year 156 delicate pupils were attending day special schools, 171 were at residential special schools, 14 at ordinary schools plus seven elsewhere. There were, in addition, 23 awaiting placement and 236 on the register as delicate pupils, but not considered to require special educational treatment.

The following is a report which I have received from Dr. J. Gorman, Acting Divisional School Medical Officer, regarding the Grays Open Air School :—

> " In September the school was transferred to a former Infants' School at South Ockendon. I should mention that in July, Miss Scott, Headmistress, retired and the present Headmaster, Mr. Harris, took over when the school removed to its new premises. These newer buildings offer much better facilities for widening the scope and content of the curriculum.
>
> Many of the boys and girls are now able to participate in physical education in all its aspects, including organized games and country dancing. The number of children on the register at the end of the year was 65 (41 boys, 24 girls). New admissions during the year were 18. The Open Air School is becoming more and more a school for pupils handicapped in minor physical ways and, as such, the present building is a great improvement on the former premises.
>
> In view of the fact that many of the children suffer from chest ailments, recorder playing has been introducted and some emphasis placed upon singing.

Those remedial treatments recommended by the School Medical Officer have been continued throughout the year. These included postural drainage, posture and breathing exercises and bar exercises. Junior and Infant children plus one of the older heart cases rest for one hour daily while, in preparation for post school life, the rest period for older children has been abandoned.

Attendance was related to the weather and was particularly bad during foggy weather, as might be expected.

Some children have medicines prescribed by the hospital and several children received in-patient treatment.

The average increase in height was very slightly more in boys than in girls but the average increase in weight was greater in girls than in boys. This continued the pattern of the three previous years."

**Educationally Sub-normal Children**

During 1964, 397 children were newly assessed as educationally sub-normal and recommended for education in special schools. This is an increase of 97 on the previous year.

The following is a report which has been received from the Divisional School Medical Officer in respect of the Haywards Special Day School, Chelmsford, which was opened in April 1964 :

> " Haywards E.S.N. Day School opened on April 15th, 1964, with 25 children, ages ranging from 6-10 years, all of whom were examined during the same term.
>
> In September 1964, children up to the age of 12 years were admitted and these were examined during the same term. One boy aged 9 years was excluded temporarily in October 1964, on account of his very disturbed behaviour, this boy was re-admitted in January for a further trial, however, improvement was not maintained and he was recommended for transfer to the Junior Training Centre. One girl aged 6 years was transferred from the Junior Training Centre to Haywards School.
>
> At the end of December there were 52 children at the school. There has been a notable improvement in the behaviour of those children who were maladjusted as well as being intellectually retarded."

The Dacre School at Aveley for Educationally Sub-normal pupils was opened at the commencement of the summer term with 24 children on the roll, all of whom were transferred from Corbets Tey School. Their ages ranged from seven to 13½ years. At the end of the year the number on the roll had increased to 56. Having regard to the number of children admitted who are maladjusted as well as educationally sub-normal, consideration is being given to the formation of a small Maladjusted/E.S.N. unit to cater for these children.

The Mead Day Special School at Nazeing was transferred in April 1964 to new premises at Tendring Road, Harlow. This enabled the older children who were accommodated at Burnt Mill Comprehensive School to join the main School and at the end of the year there were 83 pupils on the roll, 73 from Harlow and 10 from Forest Division.

During the year one girl was able to return to an ordinary school and was admitted to Mark Hall Comprehensive School. Arrangements were made for the Speech Therapist to visit the school to the benefit of the children.

The Margaret Brearley School, Walthamstow, continued to function during the year with an average school roll of 92. All school leavers were suitably placed in employment and the sympathetic help of the local firms is appreciated.

The Corbets Tey School for Educationally sub-normal pupils had 156 pupils on the roll at the end of the year (98 boys and 58 girls).

I am indebted to Dr. J. Gorman, Acting Divisional School Medical Officer, for the following report on the Treetops Special School :—

> " At the end of the year there were 75 pupils on roll (44 boys and 31 girls). The number admitted during the year was 16 (9 boys and 7 girls). Of the 16 who left, 5 attained school leaving age, 6 transferred to other schools and 5 were notified under section 57 of the Education Act, 1944. Of the 5 boys who left " over age," one works in a dairy, one in a shoe factory, one in a timber yard, one in a greengrocer's and one, handicapped both physically and mentally, has not yet found employment. Three of the five leavers were referred for community care after leaving school.
>
> Of the six who transferred to other schools, three went to residential schools for E.S.N. children, two removed from the Division and one was transferred to an ordinary school.
>
> The I.Q. composition was as follows :—

| | | | |
|---|---|---|---|
| —106 | ... | 1 | Maladjusted |
| 91 — 95 | ... | 1 | |
| 86 — 90 | ... | – | |
| 81 — 85 | ... | 4 | |
| 76 — 80 | ... | 5 | |
| 71 — 75 | ... | 13 | |
| 66 — 70 | ... | 10 | |
| 61 — 65 | ... | 17 | |
| 56 — 60 | ... | 14 | |
| 51 — 55 | ... | 7 | |
| 46 — 50 | ... | 2 | |
| 41 — 45 | ... | 1 | |

Outside visits were arranged for the pupils during the year to places of interest. Regular Parent/Teacher Association meetings took place with additional opportunities for parents to attend appropriate gatherings. The evening class for adult non-readers has flourished

Pupils are seen at school medical inspections every 15-18 months and assessment of I.Q's. is undertaken so that every pupil is reviewed at least once in two years.

The Speech Therapist visits the school weekly, providing therapy to 9 pupils."

The following is a report made by Dr. E. W. Wright, Divisional School Medical Officer for Leyton, regarding the Harrow Green and Leyton Green Schools for E.S.N. pupils :—

" There were no special defects in the children this year in contrast to 1963 when two very disturbed adolescent boys had to be excluded from attendance at the school and found places elsewhere.

Three boys, one of 11 years, one of 12 years and one of 14 years, were able to return to normal school and have made reasonable progress and settled down well.

Two girls and 8 boys were re-classified between the ages of 15 and 16 years as no longer requiring special educational treatment. All had achieved what appeared to be their limit in educational attainment, were socially mature and capable of earning their living. All had found suitable work for themselves and it was considered that the advantages of staying at school for a few months would be outweighed by the acute disappointment experienced in failing to take up work which not only seemed suitable, but was considered by the Juvenile Employment Officer also to be good placement for them.

It has been found advantageous to allow these boys and girls of 15½ to 16 years of age to take up a post before the bulk of the school leavers flood the market as they do now at the end of the Spring term and in July of each year.

The jobs found by these school leavers are very varied and last year the list was extremely interesting. One boy got into British Railways, two in the Parks Department, two in horticulture, two on farms, one into a cycle works, one into a leather works, one into Woolworths, three into factories, one a butcher's assistant, one in laundry, one in paper making and one into tailoring.

These school leavers frequently come back on their half days or when on holiday and report to the school staff how they are getting on. It is very re-assuring that they should feel that they can come back to the school. One boy who came to Harrow Green when he was 12 years old, not only being backward in school work, but with a serious hearing defect for which he had to wear a hearing aid, had been difficult in all his school career. He had a difficult home background and he had what appeared to be a permanent grudge against the world. He found himself a job on a farm looking after cows and we let him leave when he was about 15½. He has made a great success of his work, he is very happy, has lost his grudge against the world and it is quite remarkable how his personality has improved. If he had lost this post because we insisted he stay at school until he was 16 a great deal of harm would have been done to him. He still does not wear his hearing aid, which was one of the difficulties which we had with him at school, but this does not seem to handicap him in looking after the cows.

Dr. Little, the psychiatrist from the Child Guidance Clinic, and Miss Marshall and any of the psychiatric social workers concerned in cases, visit the schools each term and discuss with the staff any of the children showing signs of maladjustment. These discussions are helpful to both sides, to the Child Guidance Clinic and to the school staff and we hope they are helpful to the children and their families as well.

There has been an unusual number of recommendations this year for residential schooling at the two special schools. These were made mainly on social grounds because of difficult home circumstances or the loss of one parent making home care inefficient. We are fortunate in being within reasonable distance of the boys' school at High View, Chigwell, and this does help us to place children whose parents would be reluctant to see them go a long distance from home. The children can get home for weekends and it is not too expensive for the parents to visit. We failed to get permission for one boy to go to a residential school as his guardian would not agree, although the school staff and the school medical officer considered that his home care was poor and that he was treated without imagination or understanding. The boy solved the problem for himself by running away and has now been placed away from the foster home and back with his mother. He did not live in this area and as so often found with schools drawing children from a great distance, it is difficult to keep contact with their home background.

It is pleasant to be able to report that, although the number of children to a class in Harrow Green and Leyton Green still stands at the maximum permitted, namely 20 80, at last after many years of asking for help in the " nursery class " at Leyton Green, a helper has been supplied and should make a great difference to the progress of the children in this age group.

There are several children with unsatisfactory physique and poor home circumstances in the special schools but it is not always easy to persuade them to go for convalescence. However, some five children did go away from the two schools and greatly benefited from the regular life fresh air and good food which they get in the convalescent homes."

### Maladjusted Pupils

During the year 110 children were newly ascertained as maladjusted, compared with 116 last year. At the end of the year there were 48 pupils at Day Special Schools, 270 at Residential Schools, 18 at ordinary schools and 32 elsewhere; making a total of 368 maladjusted pupils receiving special education, and 58 awaiting placement in special schools. Over and above this there were 21 pupils on the register as maladjusted, but who were not thought to require special treatment.

The new residential school for maladjusted boys at Stanway is in the course of erection and is expected to be opened for the autumn term 1965.

The nursery classes for maladjusted pupils continued to be held at the Parklands and Mead Infants' Schools, Romford, and 17 children were attending at the end of the year.

In November 1964, a Special Unit for Disturbed Children was established at Manor Primary School, Romford. The Unit, which is staffed by a teacher-in-charge and a full-time welfare assistant, is experimental in nature and is supervised by the Consultant Psychiatrist and staff of Romford Child Guidance Clinic. It is able to cater for children diagnosed as autistic who have reached a certain point of development with regard to toilet training and ability to eat in association with other children. At first only one child was admitted, a boy of 10 years, and he derived considerable benefit from attendance at the Unit during the first month. Another similar boy was to be admitted in January 1965.

Havering Grange School was able to admit more educationally sub-normal pupils during 1964 and by the end of the year the number on the roll had risen almost to the full quota of 100. 18 pupils were still on the waiting list however.

### Epileptic Pupils

During the year seven children were newly ascertained as requiring special educational treatment by reason of epilepsy and at the end of the year three were still awaiting placement. There were also 110 children registered as epileptics, but not thought to require special educational treatment.

### Physically Handicapped Pupils

In 1964, 80 children were assessed as physically handicapped and recommended for special educational treatment, this figure being an increase of 30 over the figure for 1963. Of the total, 25 were under the age of five years. The number of physically handicapped pupils awaiting placement in special schools at the end of the year was 35, 19 of whom were under five years of age.

Over and above these figures 330 children were on the register as physically handicapped but not thought to require special educational treatment.

The Wingfield House School, Walthamstow, was renamed the Brookfield House School for Physically Handicapped Children and moved to new premises on 7th January, 1964, with 79 children on the roll. During the year there were 23 admissions( plus 3 re-admissions), giving an average weekly roll of 79.7, with an average attendance of 62.2.

Thirty-one children left during the year, as follows :—

12 to ordinary schools
6 to residential schools
3 to other special schools
3 moved out of area
1 deceased
6 to employment (3 registered as Disabled Persons).

During the year 20 children received hydrotherapy treatment in the bath and 10 other children were using the water for pre-swimming techniques.

The children on the roll at the end of the year were classified as follows:—

| | |
|---|---|
| 15 | Delicate |
| 58 | Physically Handicapped |
| 3 | Epileptic |
| 2 | Maladjusted |

## B.C.G. VACCINATION

The scheme for vaccinating school children and students attending establishments for further education in order to give protection against tuberculosis, continued during the year and the following table gives an indication of the work carried out.

| *Division* (1) | *Number of children skin tested* (2) | *Positive reactors at preliminary test* | | *Number of children who received B.C.G. vaccination* (5) |
|---|---|---|---|---|
| | | *Number* (3) | *Percentage* (4) | |
| North-East Essex ...... | 591 | 35 | 5.9 | 530 |
| Mid-Essex .... .... | 2,174 | 294 | 13.5 | 1,880 |
| South-East Essex ...... | 707 | 44 | 6.2 | 616 |
| South Essex ...... ...... | 2,828 | 365 | 12.9 | 2,328 |
| Forest ...... ...... | 1,835 | 158 | 8.6 | 1,646 |
| Romford ... ..... | 1,200 | 73 | 6.1 | 1,048 |
| Barking .... ...... | 629 | 147 | 23.4 | 482 |
| Dagenham ...... ...... | 985 | 81 | 8.2 | 904 |
| Ilford . ... ...... ...... | 1,061 | 61 | 5.7 | 964 |
| Leyton ... ...... | 344 | 51 | 14.8 | 293 |
| Walthamstow .. ... | 1,255 | 149 | 11.9 | 1,106 |
| Harlow ...... ...... | 852 | 58 | 6.8 | 737 |
| Basildon ...... ...... | 765 | 69 | 9.0 | 658 |
| Colchester ...... ...... | 1,032 | 43 | 4.2 | 957 |
| Total ...... | 16,258 | 1,628 | 10.0 | 14,149 |

For purposes of comparison, the results of Tuberculin tests of school children carried out prior to B.C.G. vaccination during the last seven years were as follows :—

| | 1958 | 1959 | 1960 | 1961 | 1962 | 1963 | 1964 |
|---|---|---|---|---|---|---|---|
| Number of positive reactors ...... ...... | 1,318 | 1,097 | 1,903 | 1,530 | 1,604 | 1,334 | 1,628 |
| Percentage of positive reactors amongst children tuberculin tested ...... ...... | 11.0 | 8.9 | 9.4 | 7.6 | 9.4 | 8.1 | 10.0 |

## INFECTIOUS DISEASES

The table at Appendix D to this report shows the total number of notifications of infectious and other notifiable diseases in school children received during 1964. The total of 6,244 shows a decrease of 8,963 on the previous year and this was in the main due to the fact that 1963 was a cyclic " measles year," there being 12,903 cases notified compared with 4,633 in 1964.

There were also noticeable decreases in the number of cases of whooping cough notified, 563 as against 740 and Dysentery 189 as against 732 in 1963.

In one large primary school in Dagenham it was noted that cases of infective hepatitis were being notified from time to time. On investigation it was discovered that the actual number of cases which had occurred was considerably larger than the number which had been notified; there had in fact been 21 cases out of the 750 children in the school during the 12 months ending in May, 1964, most of the cases having occurred in the period January to May. With the co-operation of the teaching staff strict personal hygiene was enforced and the outbreak was brought under control. During the autumn term there was one case of this disease at this school.

Dr. J. D. Kershaw, Divisional School Medical Officer for North-East Essex reports as follows :—

> " At the beginning of the year there was an unusual amount of gastro-enteritis in Harwich, Dovercourt and the North-East part of Tendring R.D. The precise cause was uncertain but it is probable that some cases were of Sonne Dysentery and some of so-called 'non-specific gastro-enteritis.' Dr. Hetherington and Dr. Stenhouse, Medical Officers of Health of the Districts concerned, who are also School Medical Officers, co-operated in tracking and investigating cases and contacts with particular referenc to Parkeston school. On February 5th a total of 47 children were absent from school. About half of these had symptoms consistent with dysentery or gastro-enteritis, though up to that date only

one had been bacteriologically confirmed as dysentery. Approximately a week later the total number of cases with these symptoms had reached 35, with two confirmed as dysentery and Dr. Stenhouse therefore advised, with my concurrence, that children with any signs of gastro-enteritis should be excluded from school.

In spite of this, cases continued to occur and it was felt that one or more children might be carriers of infection. It was therefore decided to enlist the co-operation of parents and family doctors in an attempt to take specimens from all the children and staff. The response was excellent and investigation showed that a total of 57 of the specimens sent were positive for Sonne Dysentery (rather more than one-fifth of the number of children on register). Some of these children had actual attacks of illness but others had no record of any symptoms. At this point we looked into the possibility of closing the school but it was considered that since the Easter holiday was approaching and since we had discovered during the survey almost all the children who might be likely to pass on infection, something less drastic was justified. All the children with positive bacteriological reports were therefore excluded from school until negative specimens had been obtained and the family doctors were asked to give appropriate treatment.

This action was justified in the event. The last case notified occurred on April 2nd and by April 28th all the children excluded had been cleared of infection and were back at school."

A diarrhoea survey was carried out in Basildon and the following is an extract from the report which I received from Dr. P. X. O'Dwyer :

" *Aim.* Discussion with teachers showed considerable school absenteeism because of a 2 or 3 day vomiting and diarrhoea syndrome. The aim of the survey was to investigate the epidemiology and the microbiology.

*Method.* Any case in the population of a selected area was informally notified by General Practitioners. I visited to collect epidemiological information and a stool specimen was sent to the St. Andrew's Hospital Laboratory, Billericay, and thence to the Public Health Labratory, Chelmsford.

*Results.* The survey was ruined by the investigator going down with mumps after 5 days. In the 7 cases collected thus far, no common epidemiological factor or micro-organism was found."

## HEALTH EDUCATION

Special efforts were continued to promote the Health Education programme and during 1964 a large number of talks were given to groups of school children and at Youth Clubs. The talks were generally illustrated by visual aids such as films, film strips and posters and a wide range of subjects was covered including prevention of accidents, foot health, mothercraft, care of the skin and the mouth-to-mouth method of resuscitation.

The dangers of smoking were again given a great deal of prominence and the work was extended to technical colleges, teachers' training colleges and senior schools throughout the County. The initial step having been taken an excellent opportunity was given for continued follow-up work to be undertaken.

Throughout the year education in the mouth-to-mouth method of resuscitation continued to be received with great interest in a number of schools. The talks were also illustrated by a film and a life-like demonstration model on which pupils were invited to try out the instruction they had received.

Dental Health also played an important part in the health education given to school children and further steps in this direction have been taken by sessions held at Teachers' Training Colleges whereby student teachers are able to see dental health work in progress at schools situated near to the training colleges. It is hoped by this method that the teachers will be able to instil into their pupils a need for proper " dental care."

## PHYSICAL EDUCATION

I am obliged to the Chief Education Officer once again for supplying the report by the Senior Organisers of Physical Education which is included as Appendix E.

## ROAD ACCIDENTS

The Chief Constable of Essex has been good enough to let me have the following information relating to road accidents in the County Police District in which children under 15 years of age were involved.

During 1964 there were 19 fatal accidents, compared with 11 during 1963. Of the children concerned, 10 were killed as pedestrians, two were riding pedal cycles and seven were passengers.

| | 1962 | 1963 | 1964 |
|---|---|---|---|
| Child pedestrians injured ...... ...... ...... | 543 | 589 | 585 |
| Child pedal cyclists injured ...... ...... ...... | 343 | 319 | 384 |
| Child passengers injured ...... ...... ..... | 283 | 318 | 369 |

*Casualties age groups*

| *Years* | 1962 | 1963 | 1964 |
|---|---|---|---|
| 0—1 | 13 | 14 | 24 |
| 1—2 | 23 | 18 | 29 |
| 2—3 | 45 | 41 | 56 |
| 3—4 | 64 | 77 | 79 |
| 4—5 | 106 | 101 | 78 |
| 5—6 | 99 | 96 | 103 |
| 6—7 | 98 | 103 | 105 |
| 7—8 | 69 | 96 | 103 |
| 8—9 | 84 | 91 | 115 |
| 9—10 | 82 | 103 | 100 |
| 10—11 | 79 | 71 | 91 |
| 11—12 | 88 | 105 | 103 |
| 12—13 | 97 | 118 | 132 |
| 13—14 | 111 | 87 | 103 |
| 14—15 | 124 | 116 | 136 |
| Total ... | 1,182 | 1,237 | 1,357 |

The main causes of these accidents and the age groups involved were as follows :—

|  | *Pedestrians* |  |
|---|---|---|
|  | 0-5 *years* | 5-15 *years* |
| Pedestrians crossing road *not* masked by moving or stationary vehicle ...... ...... | 39 | 239 |
| Pedestrians crossing road masked by vehicle ...... ...... ...... ...... | 59 | 161 |
|  | *Pedal Cyclists* |  |
|  | 0-5 *years* | 5-15 *years* |
| Turning right without due care ...... | – | 103 |
| Inattention or attention diverted ...... | – | 43 |

During the peak hours 3 p.m. to 6 p.m. no less than 449 accidents occurred, the peak concentration of accidents (156) occurring between 4 p.m. and 5 p.m.

A total of 241 accidents occurred on Saturdays, 192 on Fridays and 180 on Thursdays.

# APPENDIX A

# MEDICAL INSPECTION AND TREATMENT

## RETURN FOR THE YEAR ENDED 31st DECEMBER, 1964

### Part I.—Medical Inspection of Pupils Attending Maintained Primary and Secondary Schools (including Nursery and Special Schools)

### Table A.—Periodic Medical Inspections

| *Age Group inspected (By year of Birth)* | *No. of Pupils who have received a full medical examination* | PHYSICAL CONDITION OF PUPILS INSPECTED | | *No. of Pupils found not to warrant a medical examination* | *Pupils found to require treatment (excluding dental diseases and infestation with vermin)* | | |
|---|---|---|---|---|---|---|---|
| | | *Satisfactory* *No.* | *Unsatisfactory* *No.* | | *for defective vision (excluding squint)* | *for any other condition recorded at Part II* | *Total individual pupils* |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) |
| 1960 and later | 451 | 451 | — | — | 4 | 63 | 66 |
| 1959 | 11,522 | 11,502 | 20 | — | 224 | 991 | 1,150 |
| 1958 | 13,774 | 13,720 | 54 | — | 347 | 1,284 | 1,490 |
| 1957 | 2,488 | 2,477 | 11 | — | 88 | 274 | 330 |
| 1956 | 535 | 535 | — | 134 | 38 | 64 | 94 |
| 1955 | 343 | 343 | — | — | 28 | 39 | 63 |
| 1954 | 3,972 | 3,967 | 5 | 293 | 197 | 312 | 466 |
| 1953 | 11,386 | 11,379 | 7 | 280 | 671 | 897 | 1,438 |
| 1952 | 5,998 | 5,977 | 21 | — | 434 | 503 | 863 |
| 1951 | 2,322 | 2,307 | 15 | — | 154 | 172 | 305 |
| 1950 | 7,759 | 7,753 | 6 | — | 549 | 551 | 1,024 |
| 1949 and earlier | 16,474 | 16,460 | 14 | — | 1,536 | 888 | 2,281 |
| TOTAL ...... | 77,024 | 76,871 | 153 | 707 | 4,270 | 6,038 | 9,570 |

Col. (3) total as a percentage of Col. (2) total—99.80%

Col. (4) total as a percentage of Col. (2) total—0.20%

### Table B—Other Inspections

| | |
|---|---|
| Number of Special Inspections ...... ...... ...... | 13,340 |
| Number of Re-inspections ...... ..... ...... ...... | 25,436 |
| Total ...... | 38,776 |

### Table C—Infestation with Vermin

| | |
|---|---|
| (a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...... ...... ...... | 324,092 |
| (b) Total number of individual pupils found to be infested ...... | 1,186 |
| (c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ...... | 55 |
| (d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ...... | 5 |

## Part II—Defects Found by Medical Inspections During the Year

| *Defect or Disease* | PERIODIC INSPECTIONS | | | | | | | | SPECIAL INSPECTIONS | |
|---|---|---|---|---|---|---|---|---|---|---|
| | *Entrants* | | *Leavers* | | *Others* | | *Total* | | | |
| (2) | *(*T*) (3) | *(*O*) (4) | (*T*) (5) | (*O*) (6) | (*T*) (7) | (*O*) (8) | (*T*) (9) | (*O*) (10) | (*T*) (11) | (*T*) (12) |
| Skin | 201 | 527 | 383 | 451 | 448 | 370 | 1.032 | 1,348 | 2,973 | 146 |
| Eyes a. Vision | 655 | 1,756 | 2,017 | 974 | 1,598 | 1,006 | 4,270 | 3,736 | 785 | 499 |
| b. Squint | 189 | 272 | 50 | 58 | 142 | 134 | 381 | 464 | 15 | 34 |
| c. Other | 35 | 81 | 25 | 91 | 73 | 111 | 133 | 283 | 306 | 40 |
| Ears a. Hearing | 142 | 779 | 47 | 122 | 113 | 231 | 302 | 1,132 | 319 | 190 |
| b. Otitis Media | 66 | 321 | 30 | 67 | 22 | 105 | 118 | 493 | 43 | 25 |
| c. Other | 31 | 106 | 44 | 28 | 42 | 45 | 117 | 179 | 146 | 22 |
| Nose and Throat | 521 | 2,439 | 89 | 290 | 232 | 730 | 842 | 3,459 | 384 | 196 |
| Speech ...... | 304 | 482 | 13 | 41 | 88 | 95 | 405 | 618 | 218 | 102 |
| Lymphatic Glands | 45 | 787 | 3 | 60 | 13 | 231 | 61 | 1,078 | 10 | 20 |
| Heart | 47 | 459 | 35 | 196 | 53 | 219 | 135 | 874 | 20 | 41 |
| Lungs .. | 116 | 681 | 43 | 202 | 101 | 328 | 260 | 1,211 | 62 | 88 |
| Developmental— | | | | | | | | | | |
| a. Hernia | 31 | 114 | 9 | 16 | 25 | 40 | 65 | 170 | 7 | 10 |
| b. Other | 73 | 734 | 68 | 247 | 110 | 474 | 251 | 1,455 | 55 | 150 |
| Orthopaedic | | | | | | | | | | |
| a. Posture | 41 | 178 | 86 | 233 | 109 | 241 | 236 | 652 | 35 | 45 |
| b. Feet | 327 | 842 | 122 | 273 | 262 | 530 | 711 | 1,645 | 183 | 104 |
| c. Other | 151 | 478 | 129 | 530 | 125 | 355 | 405 | 1.363 | 426 | 75 |
| Nervous System— | | | | | | | | | | |
| a. Epilepsy | 19 | 57 | 17 | 40 | 25 | 45 | 61 | 142 | 11 | 16 |
| b. Other | 33 | 206 | 24 | 60 | 40 | 144 | 97 | 410 | 75 | 85 |
| Psychological— | | | | | | | | | | |
| a. Development | 35 | 365 | 20 | 67 | 142 | 240 | 197 | 672 | 137 | 135 |
| b. Stability | 72 | 630 | 11 | 121 | 76 | 321 | 159 | 1,072 | 183 | 115 |
| Abdomen ...... | 20 | 112 | 6 | 27 | 8 | 88 | 34 | 227 | 45 | 14 |
| Other ...... | 153 | 212 | 109 | 102 | 131 | 175 | 393 | 489 | 1,341 | 444 |

*(*T*)=Treatment.
(*O*)=Observation.

## Part III—Treatment Tables

### Table A.—Eye Diseases, Defective Vision and Squint

| | *Number of cases known to have been dealt with* |
|---|---|
| External and other, excluding errors of refraction and squint | 6,533 |
| Errors of refraction (including squint) ...... ...... ...... | 19,880 |
| Total ...... | 26,413 |
| Number of pupils for whom spectacles were prescribed ...... | 10,325 |

### Table B.—Diseases and Defects of Ear, Nose and Throat

| | *Number of cases known to have been dealt with* |
|---|---|
| Received operative treatment— | |
| (a) for diseases of the ear ...... ...... ...... ...... | 54 |
| (b) for adenoids and chronic tonsillitis ...... ...... | 2,437 |
| (c) for other nose and throat conditions ...... ...... | 115 |
| Received other forms of treatment ...... ...... ...... ...... | 1,863 |
| Total ...... | 4,469 |

| | |
|---|---|
| Total number of pupils in schools who are known to have been provided with hearing aids— | |
| (a) in 1964 ...... ...... ...... ...... ...... ...... | 79 |
| (b) in previous years ...... ...... ...... ...... ...... | 367 |

### Table C.—Orthopaedic and Postural Defects

| | *Number of cases known to have been treated* |
|---|---|
| (a) Pupils treated at clinics or out-patients departments | 5,954 |
| (b) Pupils treated at school for postural defects ...... | 75 |
| Total ...... | 6,029 |

### Table D.—Diseases of the Skin (excluding uncleanliness, for which see Table C of Part I)

| | *Number of cases known to have been treated* |
|---|---|
| Ringworm— | |
| (a) Scalp | 4 |
| (b) Body | 4 |
| Scabies | 3 |
| Impetigo | 75 |
| Other skin diseases | 3,536 |
| Total | 3,622 |

### Table E.—Child Guidance Treatment

| | *Number of cases known to have been treated* |
|---|---|
| Pupils treated at Child Guidance Clinics | 3,908 |

### Table F.—Speech Therapy

| | *Number of cases known to have been treated* |
|---|---|
| Pupils treated by Speech Therapists | 3,368 |

### Table G.—Other Treatment Given

| | *Number of cases known to have been dealt with* |
|---|---|
| (a) Pupils with minor ailments | 4,227 |
| (b) Pupils who received convalescent treatment under School Health Service arrangements | 338 |
| (c) Pupils who received B.C.G. Vaccination | 14,149 |
| (d) Other than (a), (b) and (c) above | |
| Enuresis | 221 |
| Total | 18,935 |

## Part IV—Dental Inspection and Treatment Carried out by the Authority

| | |
|---|---|
| (1) Number of pupils inspected by the Authority's Dental Officers— | |
| (a) At Periodic Inspections | 148,707 |
| (b) As specials | 22,969 |
| Total | 171,676 |
| (2) Number found to require treatment | 85,432 |
| (3) Number offered treatment | 77,149 |
| (4) Number actually treated | 41,324 |
| (5) Number of attendances made by pupils for treatment (excluding those recorded at 14(i) below) | 134,977 |
| (6) Half days devoted to— | |
| (a) Periodic (School) Inspection | 1,538 |
| (b) Treatment | 23,469 |
| Total | 25,007 |
| (7) Fillings— | |
| (a) Permanent Teeth | 66,790 |
| (b) Temporary Teeth | 38,756 |
| Total | 105,546 |
| (8) Number of teeth filled— | |
| (a) Permanent Teeth | 58,107 |
| (b) Temporary Teeth | 34,806 |
| Total | 92,913 |
| (9) Extractions— | |
| (a) Permanent Teeth | 7,444 |
| (b) Temporary Teeth | 25,966 |
| Total | 33,410 |

| | | |
|---|---|---|
| (10) | Administration of general anaesthetics for extraction ...... | 11,752 |
| (11) | Number of half days devoted to the adminstration of general anaesthetics by | |
| | (a) Dentists ...... ...... ...... ...... ...... ...... ...... | 117 |
| | (b) Medical Practitioners ...... ...... ...... ...... ...... | 1,166 |
| | Total ...... | 1,283 |
| (12) | Number of pupils supplied with artificial teeth ...... ...... | 261 |
| (13) | Other operations— | |
| | (a) Crowns ...... ...... ...... ...... ...... ...... ...... | 254 |
| | (b) Inlays ...... ...... ...... ...... ...... ...... ...... | 60 |
| | (c) Other treatment ...... ...... ...... ...... ...... ...... | 60,281 |
| | Total ...... | 60,595 |

**Dental Work**

| | | |
|---|---|---|
| (14) | Orthodontics— | |
| (i) | Number of attendances made by pupils for orthodontic treatment ...... ...... ...... ...... ...... ...... | 13,559 |
| (ii) | Half days devoted to orthodontic treatment ...... ...... | 1,426 |
| (iii) | Cases commenced during the year ...... ...... ...... | 1,506 |
| (iv) | Cases brought forward from the previous year ...... | 1,269 |
| (v) | Cases completed during the year ...... ...... ...... | 715 |
| (vi) | Cases discontinued during the year ...... ...... ...... | 233 |
| (vii) | Number of pupils treated by means of appliances ...... | 1,569 |
| (viii) | Number of removable appliances fitted ...... ...... | 1,343 |
| (ix) | Number of fixed appliances fitted ...... ...... ...... | 48 |
| (x) | Cases referred to and treated by hospital orthodontists | 102 |

# APPENDIX B

## Child Guidance Tables, 1964

### Table 1—Cases referred, treated and closed at each clinic

| | *Colchester* | *Chelmsford* | *Basildon* | *Grays* | *Harlow* | *Romford* | *Ilford* | *Leyton* | *Waltham-stow* | *All Clinics* |
|---|---|---|---|---|---|---|---|---|---|---|
| Cases referred during 1964 ...... | 208 | 300 | 369 | 191 | 184 | 340 | 196 | 211 | 271 | 2,270 |
| Cases closed during 1964— | | | | | | | | | | |
| Treatment complete ...... | 47 | 244 | 27 | 131 | 170 | 185 | 37 | 42 | 95 | 978 |
| Treatment incomplete ...... | 72 | 114 | 251 | 90 | 52 | 128 | 37 | 23 | 74 | 841 |
| Not treated ...... ..... ...... | 72 | 96 | 38 | 53 | 113 | 51 | 122 | 46 | 75 | 666 |
| Total ...... | 191 | 454 | 316 | 274 | 335 | 364 | 196 | 111 | 244 | 2,485 |
| Cases on the books at the end of 1964— | | | | | | | | | | |
| Awaiting first appointment ... | 25 | 9 | 51 | 7 | 22 | 39 | 37 | 27 | 41 | 258 |
| Under treatment ..... ...... | 59 | 399 | 504 | 65 | 162 | 303 | 68 | 110 | 119 | 1,789 |
| Others ..... ...... ...... | 155 | — | 605 | 125 | 68 | 31 | 362 | 249 | 154 | 1,749 |
| Total ...... | 239 | 408 | 1,160 | 197 | 252 | 373 | 467 | 386 | 314 | 3,796 |

## Table 2—Cases referred by age, sex and Division

| | *Under 5* | | *Over 5* | | |
|---|---|---|---|---|---|
| | *Boys* | *Girls* | *Boys* | *Girls* | *Total* |
| Colchester and North-East Essex | 10 | 6 | 127 | 65 | 208 |
| Mid Essex | 6 | 5 | 153 | 102 | 266 |
| South East Essex | 4 | 2 | 77 | 27 | 110 |
| South Essex | 19 | 11 | 188 | 100 | 312 |
| Forest | 10 | 2 | 114 | 53 | 179 |
| Romford | 19 | 12 | 87 | 30 | 148 |
| Barking | 5 | 2 | 32 | 14 | 53 |
| Dagenham | 2 | 3 | 66 | 31 | 102 |
| Ilford | 7 | 11 | 91 | 32 | 141 |
| Leyton | 3 | 7 | 117 | 84 | 211 |
| Walthamstow | 12 | 11 | 70 | 32 | 125 |
| Harlow | 5 | 7 | 87 | 55 | 154 |
| Basildon | 29 | 11 | 147 | 74 | 261 |
| Total | 131 | 90 | 1,356 | 699 | 2,270 |

# APPENDIX C

## Children on the Handicapped Pupils Register

| Sole or major handicap | Newly assessed as handicapped in 1964 | | Receiving special educational treatment | | | | | | Requiring but not receiving special educational treatment | | On register but not requiring special educational treatment | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | All ages | Under 5 years | At day special schools | At residential special schools* | At ordinary schools | Elsewhere | Total all ages | Total under 5 years | All ages | Under 5 years | All ages | Under 5 years |
| Blind ...... ...... | 4 | 2 | 1 | 42 | — | 1 | 44 | 1 | 5 | 3 | 1 | 1 |
| Partially sighted | 12 | 1 | 44 | 25 | 5 | 5 | 79 | 5 | 6 | 2 | 26 | 5 |
| Deaf | 11 | 6 | 50 | 38 | 2 | 1 | 91 | 11 | 5 | 3 | 3 | 1 |
| Partially Hearing ... | 13 | 3 | 90 | 45 | 8 | 3 | 146 | 9 | 10 | 1 | 128 | 10 |
| Physically Handicapped | 80 | 25 | 273 | 116 | 14 | 51 | 454 | 9 | 35 | 19 | 330 | 26 |
| Delicate . ...... | 99 | 1 | 156 | 171 | 14 | 7 | 348 | 2 | 23 | 1 | 236 | 6 |
| Maladjusted | 110 | — | 48 | 270 | 18 | 32 | 368 | 1 | 58 | — | 21 | — |
| Educationally sub-normal | 397 | 10 | 1,291 | 340 | 200 | 25 | 1,856 | 6 | 297 | 9 | 152 | 4 |
| Epileptic | 7 | — | 6 | 24 | 3 | 5 | 38 | 4 | 3 | 1 | 110 | 11 |
| Speech Defects ..... | 4 | 1 | 1 | 12 | | 2 | 15 | 2 | 2 | — | 40 | 3 |
| Total Children | 737 | 49 | 1,960 | 1,083 | 264 | 132 | 3,439 | 50 | 444 | 39 | 1,047 | 67 |

* Including independent boarding schools.

## Notification of Infectious and Other Notifiable Diseases in Children between 5 and 15, 1964

| *Division* | *Scarlet Fever* | *Whooping Cough* | *Acute Poliomyelitis Paralytic* | *Acute Poliomyelitis Non-Paralytic* | *Measles* | *Dysentery* | *Food Poisoning* | *Tuberculosis Respiratory* | *Tuberculosis Other* | *Acute Pneumonia* | *Others** | *Total* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| North-East Essex ...... | 39 | 42 | — | — | 277 | 57 | 1 | 3 | — | 5 | 2 | 426 |
| Mid-Essex ...... ...... | 56 | 65 | 1 | — | 711 | 18 | 2 | 1 | — | 1 | — | 855 |
| South-East Essex ...... | 72 | 38 | — | — | 182 | 4 | — | 3 | 2 | 9 | 2 | 312 |
| South Essex ...... ...... | 116 | 121 | 1 | 1 | 933 | 3 | 6 | 2 | 1 | 12 | 1 | 1,197 |
| Forest ...... ...... ...... | 49 | 59 | — | — | 281 | 15 | 4 | 3 | — | 1 | — | 412 |
| Romford .. ...... | 32 | 27 | — | — | 368 | 8 | — | 1 | — | — | 1 | 437 |
| Barking ...... ...... | 28 | 15 | — | — | 42 | — | 3 | 1 | — | — | 1 | 90 |
| Dagenham ...... ...... | 29 | 27 | — | — | 329 | 1 | — | — | — | 1 | 1 | 388 |
| Ilford ... ...... ...... | 102 | 29 | — | — | 530 | 18 | 1 | 4 | — | 5 | 1 | 690 |
| Leyton ...... ...... ...... | 37 | 13 | — | — | 73 | 24 | — | — | — | 4 | 1 | 152 |
| Walthamstow ... .... | 62 | 23 | — | — | 19 | 20 | 4 | 2 | 3 | — | 1 | 134 |
| Harlow ...... ...... ...... | 57 | 12 | — | — | 400 | 12 | — | 8 | 1 | 4 | 1 | 495 |
| Basildon ...... ...... ...... | 46 | 46 | — | — | 330 | — | — | — | — | — | — | 422 |
| Colchester ...... ...... | 19 | 46 | — | — | 158 | 9 | — | — | — | 2 | — | 234 |
| TOTAL—1964 ...... | 744 | 563 | 2 | 1 | 4,633 | 189 | 21 | 28 | 7 | 44 | 12 | 6,244 |

# APPENDIX E

## The following report by the Senior Organisers of Physical Education has been submitted by the Chief Education Officer

In last year's report a list of the sports and games included in the schools curriculum was given. The children this year participated in all these with their usual keenness, and selectivity, and courses for teachers were arranged all over the County to train men and women to teach these activities. With such a wide programme it is necessary occasionally to specialise, and last Summer a good deal of attention was paid to the teaching of tennis. In one area, after a teachers' course, a centre was established where boys and girls voluntarily attended to be coached. This was established on the lines of the cricket coaching centres which have been so successful for the last three years. It is hoped to increase the number of centres next year. Use was made of the services of the Lawn Tennis Foundation and their Spotlight on Tennis was enthusiastically received.

The third annual Trampoline Clinic was held by the Forest Division, in the Brook Secondary School, Loughton, and with the use of nineteen trampolines, forty teachers were able to attend an evening refresher course, and the following day two hundred children gleefully "rebounded" under expert tuition. It can truthfully be said that this meeting is unique in the British Isles.

The Essex County Schools' Trampoline Association was formed, and championships, open and closed, were arranged. The selected county team competed in various parts of the country.

Another association which came into being during the year was the Romford and District, Schools' Gymnastic Association, and this was in turn affiliated to the National Association. Courses for coaches of olympic gymnastics were held and well attended, and use was made of the national coach At this point it may be reported that other national coaches gave invaluable help by introducing their up-to-date methods of coaching.

Outdoor pursuits continued to attract still more participants. A sailing centre was established in flooded gravel pits at Nazeing and boys and girls had tuition and practice in sailing under expert instructors. Another centre was established in the lake at St. Osyth. The success of these ventures showed the necessity for a Residential Sailing Centre for schools. The Education Committee supported this view and there has been a search for sites. Serious consideration is now being given to one of these. The Committee, in conjunction with the Essex Schools Sailing Association — incidentally the largest in the country—has established certificates of competence both for individual sailing and for ability in conducting groups of children on the water.

The opening of the Blackshott's Hall in Thurrock was the occasion of a big display of physical education by school children, comprising dance, gymnastics, trampolining, (including a display by a local girl who had become English Champion) and a demonstration by the Service of Youth. This was attended by a full and enthusiastic audience.

In view of the various Government Reports, much thought has been given to new school building, and plans have been drawn of several large sports halls to be built in preference to a second gymnasium. These are to be 104ft. x 54ft. and will contain four badminton courts, one tennis court, one basketball and one netball court, provision for cricket nets, golf nets, and a five-a-side football. It is hoped that all large schools will have in the future one gymnasium, one indoor swimming pool, and one sports hall. The overwhelming demands for the facilities of the hall at the Harlow Sports Centre has shown the value of these sports halls, and those provided in the school building programme will fill a large gap in the training facilities for boys, girls and youth in sports and games.

The shortage of teachers is so great that many unqualified teachers have had to help in the schools, and in one area an interesting course on the teaching of physical education to infants was conducted for these teachers. It seems likely that more of these courses will be required.

The formation of the new Greater London Authorities gave rise to many meetings and much thought on the re-organisation of the administration of P.E. both in the areas Essex will lose to London, and in residual Essex. This should result in a smooth change-over when the division takes place.

During the year Miss Pleasance left the County Organising Staff and joined the staff of Brentwood Training College, ensuring still further the close relationships in physical education of the county with the college. Miss E. Hunter was seconded from Chelmsford County High School to take her place until April 1st, 1965.

# APPENDIX F

## Report by Mr. B. R. Head, Senior Peripatetic Teacher of the Partially Hearing on the Peripatetic Teaching of Partially Hearing Children.

During 1964 the number of children under the care of the peripatetic teachers has continued to grow and the total now exceeds three hundred.

A large proportion of the additional children are pre-school and, as priority has always been given to the pre-school children, this has inevitably meant that visits to children attending school have been less frequent. The number of pre-school and infant children known to the peripatetic teachers now exceeds ninety and if these children were seen to the exclusion of all others it would still be difficult to see each one weekly.

Early ascertainment is the most important factor in this service and, with the exception of cases of conductive deafness, the majority of the children reported to the peripatetic teachers are under two years of age. There are still occasionally cases where a combination of factors cause later ascertainment but such cases are becoming increasingly rare although it is unlikely that they will ever be completely eradicated.

During the year, three more Speech Training Hearing Aids have been purchased and nine are now available for loan to parents. There is always a waiting list for these aids as loans have to be long term if the child is to benefit. The initial cost of each aid (approximately £80) would appear to be justified by the results obtained and it is hoped that more will be made available in the future.

At the end of 1964 the case list was as follows :—

| | |
|---|---|
| Pre-school ... ... ... ... | 52 |
| Infant school ... ... ... | 37 |
| Junior school ... ... ... | 87 |
| Secondary school ... ... ... | 91 |
| Special schools (E.S.N.) ... ... | 36 |
| Total ... | 303 |

During the year 16 of the children visited were transferred to special schools or units for deaf or partially hearing children.

# APPENDIX G

## School Meals

Miss A. J. Halsall, The School Meals Organiser, reports as follows :—

The number of schoolchildren having meals on a typical day in September 1964, was 161,461. This figure shows that the percentage of children having meals was 59.4 of school attendance, an increase of 2.9% on the previous year's figure which is more than double the increase shown in 1963. The charge for school dinners to day pupils at maintained schools has not been increased during the year and remains at 1/-.

31 new kitchens have been opened during the year, either at new schools or in old schools which have been remodelled. The Special Services Committee gave approval during the year to the provision of protective clothing for Mid-day Assistants. They also approved a special replacement programme for plastic plates and non-stainless steel cutlery which were no longer serviceable.

Members of School Meals staff have continued to attend courses run under the training scheme.

A summary of the relative figures on the consumption of milk and meals is given below :—

| *Date of Return* | *No. of pupils* | *No. having dinner* | *Per cent of pupils having dinner* | *No. having milk* | *Per cent of pupils having milk* |
|---|---|---|---|---|---|
| Autumn 1951 ...... | 201,129 | 112,690 | 56.0 | 170,658 | 84.9 |
| Autumn 1955 ...... | 243,523 | 124,833 | 51.3 | 208,781 | 85.2 |
| Autumn 1960 ..... | 268,317 | 141,158 | 52.6 | 218,427 | 81.3 |
| Autumn 1961 ...... | 273,139 | 143,444 | 52.5 | 223,879 | 81.9 |
| Autumn 1962 ...... | 266,838 | 147,569 | 55.3 | 220,007 | 82.2 |
| Autumn 1963 ...... | 261,110 | 147,668 | 56.5 | 217,203 | 80.8 |
| Autumn 1964 ...... | 271,695 | 161,461 | 59.4 | 220,913 | 81.1 |

# APPENDIX H

## Verruca Survey in South Essex Division—
## Report by Mr. W. H. Leak, Statistician to Health Department

Table 1 (pages 61 and 62) shows the number of cases entered on the schedules for each school for which returns were received in August 1964, and also expresses them as a percentage of the number of children in the school. For primary schools with junior and infant departments, the number in each department has been estimated from returns of children at school in January 1964, and seven year old children with verrucae have been allocated to infant or junior departments in an appropriate way.

Table 1 shows that, taken as a whole, the prevalence of verrucae in schools in Brentwood U.D. was about twice that in Stanford-le-Hope schools, nearly three times that in schools in Hornchurch U.D. and five times that in schools in Thurrock U.D. (other than those in Stanford-le-Hope). There was little difference between the prevalence in Junior and Secondary schools. In the case of infant schools, no cases were found in any of the survey schools in Hornchurch and few in Thurrock schools but cases were reported in twelve out of the fourteen schools in Brentwood.

The prevalence in individual schools was in most cases close to the average prevalence of all the schools in the above four areas and some of the prevalence rates which appear to be exceptions to this are based on very small numbers of cases. In fact it can be shown that except in the case of the Brentwood junior schools, there is no statistical significance in the variation between schools within areas. In the case of the Brentwood junior schools, in two large schools (St. Helens and Pilgrims Hatch) prevalence was significantly lower than in the remainder while Brookfield and two small schools also had prevalence rates below the remainder.

In considering the reason for the differences in prevalence between the four areas, the schedules revealed two factors which appear to be relevant. The first is the use of foot irrigant in the swimming baths attended. This was absent in the Hutton and Hornchurch baths and also in the school baths used by the majority of secondary and junior schools in these areas and present in the Blackshotts swimming bath used by most secondary and junior schools in the Thurrock area (including Stanford-le-Hope). If this is one cause of the different prevalence of verrucae in the area, it is certainly not the only one as it does not explain why incidence is nearly three times as high in Brentwood schools as in Hornchurch ones and also nearly three times as high in Stanford-le-Hope schools as in those of the remainder of the Thurrock area. Nor does it explain why the incidence of verrucae was so much higher in infant schools in Brentwood and Stanford-le-Hope than elsewhere as infants are not taken to swimming baths.

## Table 1

### Number and Percentage of children affected—all schools

| SECONDARY SCHOOLS | | | PRIMARY SCHOOLS | | | | |
|---|---|---|---|---|---|---|---|
| | | | | *Juniors* | | *Infants* | |
| *Name* | *No. of Cases* | *Per cent affected* | *Name* | *No.* | *Per Cent.* | *No.* | *Per Cent.* |
| **ntwood** | | | | | | | |
| ntwood ...... County High | 54 | 8.3 | Hogarth, Brentwood | 36 | 10.1 | 12 | 5.9 |
| ntwood ...... Secondary | 54 | 6.9 | Junction Road/ Crescent Road | 14 | 10.2 | 4 | 3.8 |
| enfield ...... Technical High | 15 | 5.5 | St. Helen's ...... Brentwood | 7 | 1.9 | 11 | 3.5 |
| Martin's Secondary Boys | 56 | 8.6 | Christchurch, Brentwood | 3 | 7.9 | 1 | 2.3 |
| Martin's Secondary Girls | 47 | 6.9 | St. Thomas of Canterbury | 15 | 8.1 | 2 | 1.4 |
| | | | St. Mary's, ...... Shenfield | 22 | 11.3 | 4 | 2.4 |
| | | | All Saints, ...... Hutton | 14 | 10.6 | 3 | 2.9 |
| | | | Brookfield, Hutton | 29 | 6.2 | — | — |
| | | | Bishops Hill | 18 | 9.2 | 2 | 1.4 |
| | | | Pilgrims Hatch ..... | 16 | 3.7 | 13 | 5.0 |
| | | | St. Peter's, ...... South Weald | 13 | 10.4 | 2 | 1.9 |
| | | | St. Paul's, Bentley...... | 3 | 3.8 | 3 | 6.0 |
| | | | Ingrave ...... ...... | 10 | 11.1 | 2 | 3.4 |
| | | | Great Warley ...... | 1 | 5.3 | — | — |
| ntwood Schools | 226 | 7.5 | Brentwood Schools | 201 | 7.2 | 59 | 2.9 |
| **rnchurch** | | | | | | | |
| mford ...... County High | 13 | 2.2 | Harold Court . .. | 8 | 3.6 | — | — |
| ynes Secondary Modern | 17 | 2.7 | Harold Wood ...... | 6 | 3.0 | — | — |
| dden Court ...... Secondary Mod. | 7 | 1.5 | Ardleigh Green .... | 16 | 3.5 | — | — |
| cred Heart of ...... Mary Convent | 10 | 2.9 | Scargill Junior, ..... Rainham | 9 | 2.1 | | |
| ll Mead ...... Secondary | 29 | 5.5 | Dunningford ...... | 9 | 2.8 | — | — |
| | | | St. Joseph's, ...... Upminster | 3 | 1.5 | — | — |
| | | | Cranham Engayne | 19 | 3.5 | — | — |
| | | | Edwin Lambert . . | 4 | 1.9 | — | — |
| rnchurch Schools | 76 | 3.0 | Hornchurch Schools | 74 | 2.8 | — | — |

Table 1—continued

| SECONDARY SCHOOLS<br>*Name* | *No. of Cases* | *Per cent affected* |
|---|---|---|
| **Stanford-le-Hope** | | |
| Hassenbrook Sec. | 21 | 3.2 |
| Stanford Schools | 21 | 3.2 |
| **Thurrock** (remainder) | | |
| Grays Technical High | 7 | 1.9 |
| Park Secondary | 6 | 0.9 |
| Palmers Boys | 8 | 1.2 |
| Torells Boys | 12 | 2.3 |
| Torells Girls | 3 | 0.7 |
| Grays Convent High | — | — |
| Aveley St. Mary's Secondary | 8 | 3.8 |
| Aveley Technical High | 7 | 1.2 |
| Aveley Secondary | 4 | 0.6 |
| Lennard's Secondary | 12 | 1.9 |
| Culverhouse Boys Secondary | 7 | 1.3 |
| Culverhouse Girls Secondary | 7 | 1.2 |
| Courts Secondary | 7 | 1.1 |
| Gable Hall Secondary | 8 | 1.5 |
| Thurrock Schools | 96 | 1.4 |

| PRIMARY SCHOOLS | *Juniors* | | *Infants* | |
|---|---|---|---|---|
| *Name* | *No.* | *Per Cent.* | *No.* | *Per Cent.* |
| Stanford-le-Hope | 17 | 4.7 | 5 | 1.9 |
| Abbots Hill | 11 | 3.4 | 1 | 0.4 |
| St. Joseph's | 6 | 3.1 | — | — |
| Stanford Schools | 34 | 3.9 | 6 | 0.9 |
| Grays, Thameside Junior | 3 | 1.3 | — | — |
| Grays, Quarry Hill | 3 | 1.0 | 2 | 0.9 |
| Grays, St. Thomas | 2 | 1.0 | — | — |
| Tilbury, Manor Junior | 7 | 1.7 | — | — |
| Tilbury, Lansdowne | 2 | 1.1 | 1 | 0.5 |
| Chadwell, Herringham Junior | — | — | — | — |
| Little Thurrock | — | — | — | — |
| Little Thurrock Denholm | 1 | 0.3 | — | — |
| Orsett | — | — | — | — |
| Stifford | — | — | — | — |
| Stifford Clays | 4 | 1.0 | — | — |
| Purfleet | — | — | — | — |
| E. Tilbury C. of E. | — | — | — | — |
| Bata Estate | — | — | — | — |
| Corringham | 8 | 4.0 | 1 | 0.5 |
| Corringham Giffards | 2 | 0.6 | 2 | 0.9 |
| Aveley | — | — | — | — |
| Aveley Holy Cross | 3 | 1.0 | — | — |
| Aveley Kennington | 4 | 1.0 | — | — |
| Ockendon, Barretts | 4 | 1.6 | — | — |
| Ockendon, Bonnygate | 1 | 0.4 | — | — |
| Ockendon, Dilkes | 3 | 1.3 | — | — |
| Ockendon, Shaw | 7 | 2.6 | — | — |
| Ockendon, Somers Heath | 4 | 1.4 | — | — |
| S. Ockendon, Benyon | 3 | 1.4 | — | — |
| N. Ockendon | 2 | 15.4 | — | — |
| Thurrock Schools | 63 | 1.1 | 6 | 0.2 |

The other relevant factor is "Warts on the Body." Table 2 shows for schools in each area the number of children with warts on the body and the percentage of all children entered on the schedules who were recorded as having body warts.

### Table 2

### Number and Percentage of Cases who had Body Warts

| | *No. of Children with body warts* | | | *Per cent. of verruca cases with body warts* | | |
|---|---|---|---|---|---|---|
| *Schools* | *Sec.* | *Jun.* | *Inf.* | *Sec.* | *Jun.* | *Inf.* |
| Brentwood | 167 | 110 | 53 | 74 | 52 | 90 |
| Hornchurch | 2 | 1 | — | 4 | 1 | * |
| Stanford-le-Hope | 14 | 28 | 5 | 67 | 82 | 83 |
| Others in Thurrock | 2 | 3 | 2 | 2 | 6 | 33 |

* No verruca cases

It is clear from the schedules that the majority of children reported as having body warts had no warts on the feet so that the high prevalence in Brentwood and Stanford-le-Hope schools is partly due to the large number of children reported there with body warts. Table 3 (page 64) repeats Table 1 for cases with warts on the feet. All Brentwood and Stanford schools are listed, but schools in other areas are only listed if the figures differ from those given in Table 1. This table shows :—

(1) a very low prevalence for infants everywhere.

(2) no significant differences between Brentwood and Hornchurch schools.

(3) no significant differences between schools in Stanford-le-Hope and those in the remainder of Thurrock U.D.

(4) A significantly higher prevalence in Brentwood and Hornchurch than in Thurrock.

(5) Some schools in Brentwood U.D. have a significantly lower prevalence than the majority.

I consider that the figures in Table 3 give a truer idea of the problem. It seems to me very unlikely that practically all the children with warts elsewhere than on the foot should be concentrated in Brentwood and Stanford-le-Hope and think that nurses have probably interpreted the cases to be included on the schedules differently. The majority of the further analysis in this report will be devoted to cases with warts on the foot (referred to subsequently as verrucae) but the Brentwood figures will also be analysed according to all the cases included. In the Brentwood schools, the prevalence of body warts (with or without verrucae was 5.5% in secondary schools, 3.9% in junior schools and 2.6% in infant schools.

## Table 3

## Number and Percentage of children with warts on the foot

| *Name* | *No. of Cases* | *Per cent. affected* | *Name* | *Juniors* | | *Infant Cases* |
|---|---|---|---|---|---|---|
| | | | | *No.* | *Per cent* | |
| **Brentwood** | | | | | | |
| Brentwood County High | 21 | 3.2 | Hogarth, Brentwood | 23 | 6.5 | 1 |
| Brentwood Secondary | 14 | 1.8 | Junction Road/ Crescent Road | 5 | 3.6 | — |
| Shenfield Technical High | 6 | 2.2 | St. Helen's, Brentwood | 4 | 1.1 | 3 |
| St. Martin's .... Secondary Boys | 11 | 1.7 | Christchurch, Brentwood | — | — | |
| St. Martin's ..... Secondary Girls | 11 | 1.6 | St. Thomas of Canterbury | 8 | 4.3 | |
| | | | St. Mary's, Shenfield | 9 | 4.6 | — |
| | | | All Saints, Hutton ..... | 6 | 4.5 | — |
| | | | Brookfield, Hutton | 10 | 2.1 | — |
| | | | Bishops Hill | 11 | 5.6 | 1 |
| | | | Pilgrims Hatch | 7 | 1.6 | — |
| | | | St. Peter's, South Weald | 4 | 3.2 | 1 |
| | | | St. Paul's, Bentley .. | 2 | 2.5 | — |
| | | | Ingrave ...... | 4 | 4.4 | 1 |
| | | | Great Warley ...... | — | — | — |
| Brentwood Schools | 63 | 2.1 | Brentwood Schools | 93 | 3.3 | 7 |
| **Hornchurch** | | | See Table 1 | | | |
| See Table 1 | | | | | | |
| Hornchurch Schools | 76 | 3.0 | Hornchurch Schools | 74 | 2.8 | 1 |
| **Stanford-le-Hope** | | | | | | |
| Hassenbrook ...... Secondary | 7 | 1.1 | Stanford-le-Hope | 3 | 0.8 | — |
| | | | Abbots Hill | 2 | 0.6 | 1 |
| | | | St. Joseph's | 1 | 0.5 | — |
| Stanford Schools ...... | 7 | 1.1 | Stanford Schools | 6 | 0.7 | 1 |
| **Thurrock** | | | | | | |
| (remainder) | | | | | | |
| Lennards Secondary | 10 | 1.6 | Shaw | 5 | 1.8 | — |
| | | | Quarry Hill ...... | 3 | 1.0 | — |
| Others— See Table 1 | | | Others see Table 1 | | | |
| Thurrock Schools ...... | 94 | 1.3 | Thurrock Schools ..... | 61 | 1.0 | 4 |

### Age

The number of children of each age at each school has been estimated by using the count of children in January 1964, and allowing for changes between them and the time the survey was carried out. This has not been stated on the forms but has been assumed to be about four months after the count. This adjustment for the interval between the count and the survey is only important for the youngest and the oldest children in a school and the prevalence rates for the children of seven, eleven and over fifteen years of age may not be quite so reliable as those for other ages. The prevalence of verrucae for children at junior and secondary schools are given in Table 4.

### Table 4
### Percentage of children with verrucae at schools in each Urban District by age

| | *Junior Schools* | | | | | *Secondary Schools* | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 7 | 8 | 9 | 10 | 11 | 11 | 12 | 13 | 14 | 15 & over |
| Brentwood .... | 1.1 | 2.5 | 3.0 | 3.5 | 6.1 | 3.7 | 2.2 | 2.5 | 2.1 | 0.7 |
| Hornchurch | — | 1.6 | 1.5 | 2.4 | 10.1 | 1.0 | 5.1 | 3.8 | 2.8 | 1.3 |
| Thurrock .. | — | 0.5 | 0.6 | 1.4 | 1.9 | 0.3 | 1.9 | 1.5 | 1.5 | 0.7 |

In the junior schools, prevalence rose to a peak among the eleven year olds. In the secondary schools, prevalence remained high at 12 or 13 and thereafter tended to decline the rate for those over 15 being only half that of the 14 year olds. Prevalence was similar at Brentwood and Hornchurch but was somewhat higher among the children of under 11 in Brentwood and the children of over 11 in Hornchurch. Prevalence in Thurrock was only a small fraction of that in the remainder of the Area among the younger children but among the older secondary school children there was less difference.

The prevalence of all types of warts in Brentwood is given in Table 5.

### Table 5
### Percentage of children with foot and/or body warts in Brentwood Urban District by age

| *Infant Schools* | | | *Junior Schools* | | | | | *Secondary Schools* | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 5 | 6 | 7 | 7 | 8 | 9 | 10 | 11 | 11 | 12 | 13 | 14 | 15 & over |
| 2.6 | 2.7 | 4.2 | 4.5 | 5.6 | 6.7 | 7.6 | 11.3 | 8.1 | 7.4 | 6.9 | 7.6 | 7.6 |

There was a steady rise in prevalence throughout the infant and junior schools but no increase or decrease thereafter. The prevalence of body warts with or without verrucae) was highest for the oldest age group.

### Sex

For a large number of schools there was no record made of sex. The sex of the cases was given for five secondary and nine junior schools and there were also eleven single-sex secondary schools of which six consisted of three pairs of adjoining boys and girls schools. The other five were the Brentwood and Romford High Schools for Girls, the Grays Convent High School, the Sacred Heart of Mary Convent School and the Palmers School for Boys. Table 3 shows that three of these schools had rates somewhat below that for the district in which they lie and two above. The prevalence of verrucae at the Brentwood High School was 3.2 compared with 2.1 for all Brentwood Secondary Schools, but in the absence of other evidence there is no reason for thinking that this was due to it being a girls school.

Considering the three pairs of schools with the five other secondary schools for which the sex of cases was given, it is found that there were 50 male and 54 female cases in a school population of 3,250 boys and 2,956 girls. In the nine junior schools, there were 27 male and 37 female cases in a school population of 1,761 boys and 1,631 girls. The prevalence of verrucae was somewhat higher for girls than for boys but the difference is not large enough to be significant. Among individual schools there were some striking differences, e.g., Torells Boys' School had 12 cases and Torells Girls' School 3 and Aveley Technical High School had 6 female and 1 male case, but it does not appear that there is sound evidence that sex as such had any effect on the prevalence of verrucae.

### Irrigant in Foot Baths

It has already been noted that most of the children in Brentwood and Hornchurch attended baths where no foot irrigant was used and those in Thurrock baths where one is used. The only evidence to show whether the different prevalence of verrucae in Brentwood and Hornchurch on the one hand and Thurrock on the other is due to the foot irrigant comes from a study of the prevalence of foot warts at the schools which do not follow the normal pattern for the area. Unfortunately, there are few. They are listed in Table 6.

**Table 6**

**Prevalence of verrucae at schools who have no swimming or attend a bath with a different foot irrigant to the majority in the area**

| *School* | *Swimming Bath* | *Foot Irrigant* | *No. on School Roll* | *No. of Cases* | *Prevalence Rate* |
|---|---|---|---|---|---|
| Sacred Heart of Mary Convent, Upminster ...... | None | — | 340 | **10** | 2.9 |
| Palmers Boys, Grays ...... | School bath | None | 646 | 8 | 1.2 |
| Aveley Technical High ... | None | — | 560 | 7 | 1.2 |
| Grays Convent High | None | — | 156 | — | — |
| County Secondary, Ockendon | None | — | 650 | 7 | 1.1 |
| St. Josephs, Upminster ...... | None | — | 357 | 3 | 0.8 |
| North Ockendon C of E. | Hornchurch | None | 19 | 2 | 15.4 |

In spite of the fact that pupils at the Sacred Heart of Mary Convent do not go swimming the prevalence of foot warts is slightly above the average for Hornchurch Schools and in spite of the fact the Palmers Boys School has its own swimming bath which has no irrigant in the foot bath, the prevalence there is about the average for Thurrock schools. The other schools support the proposition mildly but the number of cases is far too small for statistical significance.

It should, however, be remembered that many of the children who have no organised swimming at school will attend the local baths privately and this will tend to reduce any differences that might be expected. Another factor is that Blackshotts bath was out of action for a period in the summer of 1964, and it may be lack of swimming rather than foot irrigant which is responsible for the lower incidence of verrucae in Thurrock U.D. If this is the case we might expect an absence of shorter verrucae so that the average duration of verrucae found would be above average. It will be shown later that this was not in fact the case. In the light of all the evidence the case for insisting on a foot irrigant at all baths is not conclusive but is clearly strong enough to justify further investigation, and possibly, if it could be arranged, a planned experiment.

## Barefoot P.E.

The majority of schools which do barefoot P.E. are secondary schools in Brentwood or Hornchurch. Table 7 gives details of these schools.

### Table 7

### Secondary Schools in Brentwood and Hornchurch who do P.E. barefoot or with shoes

| *School* | *Barefoot P.E.?* | *No. on School Roll* | *No. of Cases* | *Special Inspections* |
|---|---|---|---|---|
| St. Martins Secondary Boys | Yes | 650 | 11 | 1.7 |
| St. Martins Secondary Girls | Yes | 680 | 11 | 1.6 |
| Shenfield Technical High ...... | Yes | 271 | 6 | 2.2 |
| Romford County High ...... | Yes | 600 | 13 | 2.2 |
| Redden Court Secondary ...... | Yes | 467 | 7 | 1.5 |
| Sacred Heart of Mary Convent | Yes | 340 | 10 | 2.9 |
| Total .. | Yes | 3,008 | 58 | 1.9 |
| Brentwood Secondary | No | 780 | 14 | 1.8 |
| Gaynes Secondary ...... ...... | No | 630 | 17 | 2.7 |
| Total . | No | 1,410 | 31 | 2.2 |
| Hall Mead Secondary ...... | Optional | 530 | 29 | 5.5 |
| Brentwood County High ...... | * | 650 | 21 | 3.2 |

* 2 forms for the school had "Yes" and one "No"

Obviously Table 7 provides no evidence to incriminate barefoot P.E. Other secondary schools (with the prevalence rate in brackets) who do barefoot P.E. are Courts Secondary (1.1), Aveley County Technical High (Girls only, 2.8) and Torells Boys (some only, 2.3). Three junior schools do barefoot P.E.; they are Bishops Hill (5.6), Harold Court (3.6) and Harold Wood (3.0). Five of these six schools have a prevalence rate above the average for similar schools in their districts but the differences are not statistically significant. On the other hand if barefoot P.E. was conducive to the spread of verrucae, it would explain the (not significant) differences between the sexes at Aveley County High School and the Torell Schools.

### Multiple Cases

The percentage of cases with verrucae to have multiple warts are given in Table 8.

**Table 8**

**Percentage of Verruca cases stated to have multiple warts**

| | *Junior* | *Secondary* |
|---|---|---|
| Brentwood Schools ... ... | 37 | 39 |
| Hornchurch Schools ... ... | 36 | 19 |
| Thurrock Schools ... ... ... | 12 | 9 |

Multiple warts were reported more often in Brentwood Schools and least in Thurrock Schools and in these districts there was little difference between secondary and junior school children. In Hornchurch, the percentage with multiple warts was similar to the Brentwood figure for secondary schools but intermediate between Brentwood and Thurrock for junior schools.

### Duration

The average duration of cases is given in Table 9.

**Table 9**

**Average duration of cases (in months)**

| | *Junior* | *Secondary* |
|---|---|---|
| Brentwood Schools ... ... | 2.8 | 2.4 |
| Hornchurch Schools ... ... | 4.3 | 1.6 |
| Thurrock Schools ... ... ... | 2.2 | 2.0 |

There was little difference in the average duration of cases in Brentwood and Thurrock. In Hornchurch the average duration was high for secondary schools and low for junior schools. There were a number of schools where the duration of all the cases could be measured in weeks with averages of around a month and at the opposite extreme a number with cases of very long standing. There did not appear to be any relationship between the duration of the cases and the prevalence of verrucae in the schools.

**Barefoot at home**

A total of 57 children (12% of those with verrucae) was said to have recorded as "Barefoot at home." Twenty-two secondary school children and 32 juniors were at schools in Hornchurch and only 4 at schools in Thurrock. While these may be true differences, they could be due to nurses using different standards in their answers to this question.

**Other members of the family with warts**

A total of 57 children (12% of those with verrucae) was said to have relatives at home with warts. There was no significant difference between districts or different types of school.

**Conclusions**

(1) Nurses at Brentwood and Stanford-le-Hope included on the schedules substantial number of cases with warts on the body but not on the foot.

(2) When verrucae only were considered, a higher prevalence was found in Brentwood and Hornchurch schools than in Thurrock schools.

(3) Few verrucae were reported in infant schools, prevalence rose with age in the junior schools to a peak among children of eleven. In secondary schools, prevalence was steady at a little below the 11 year old peak for children in the first three years but older children had fewer verrucae. The difference between Thurrock schools and Brentwood and Hornchurch schools was more pronounced among the younger children. When cases with body warts only are included, prevalence increased with age until 11 years and thereafter remained constant.

(4) The foot irrigant solution used in the Blackshotts and some school baths in Thurrock U.D. may be associated with the lower prevalence of verrucae there, but the experience of the few schools who do not attend the local swimming baths does not support this. Further investigations are suggested.

(5) There is no clear evidence that sex or barefoot P.E. are related to the prevalence of verrucae.

(6) The other factors studied do not appear to be important.

## APPENDIX I

Report of Mr. George C. Robb, Psychologist to the Education Committee on

## THE SCHOOL PSYCHOLOGICAL SERVICE

In 1964 a total of 3,380 children were interviewed by members of the School Psychological Service. It is good to be able to report that in the majority of areas the preventative aspect of the service is fully appreciated by the teaching staff of the schools.

The North-East Essex Schools Committee, at its meeting in January, requested that information be obtained with regard to the number of children who may require remedial teaching in reading. Figures were obtained from Head Teachers, quoting the reading ages of the lowest third of the children in the first, second and third junior years, and the total number of children in those age groups. A report was submitted and this was discussed with the Divisional Education Officer, Mrs. Sprason, County Inspector, and Mr. Baker, H.M.I It was gratifying that the percentage of backward readers was mainly below the figure which might have been expected from national averages. These results will be most useful in helping to determine the nature and scope of remedial measures afforded children in this area.

The part-time remedial reading groups in Harwich, Clacton and its environs have continued to flourish. The Educational Psychologist, Mr. Ward, attended a course at the Institute of Laryngology and Otology in London, on the mental assessment of deaf children.

In Harlow an Opportunity Class was started in one of the Primary Schools. This comprised sixteen children between the ages of 8.1 and 9.8 years, with I.Q's. ranging from 78—108, and reading ages from 4.3 to 6.0 years. All the children were more than three years retarded, and a few over four years retarded. All the parents were seen by the Educational Psychologist and the situation was explained to them. The children are now making progress. The initial teaching alphabet is being used for all activities in the class.

A survey of all first-year junior children in the Harlow schools was also undertaken. This showed that although there were about an equal proportion of " good " readers among girls and boys there were many more poor readers among the boys than among the girls. As in the case of North-East Essex these results are proving most useful in determining the nature and scope of future remedial measures.

In Mid-Essex the fact that 26% of the children referred for psychiatric investigation at the Chelmsford clinic were received through the School Psychological Service indicates that the head teachers consult the Psychologists more and more frequently on emotional problems and less exclusively on educational ones. The rôle of the Remedial Teachers is becoming increasingly important as in the absence of a child psychotherapist an ever growing number of patients is recommended for remedial help, which in selected cases fulfils the same functions as psychotherapy. The two Peripatetic Remedial Teachers left the service at Christmas, and so far it has not been possible to replace them.

In Ilford, Miss Ballantine was appointed in August as a full-time remedial teacher based on the Child Guidance Clinic. Because the mothers frequently bring their children to Miss Ballantine's classes the Psychiatric Social Workers are often able to take the opportunity to see the mothers, and this close co-operation between teacher and social worker is invaluable, especially in helping children whose learning difficulties are bound up with emotional problems. These children can often be helped by this extra individual teaching and support while remaining in ordinary schools.

In September 1964, Mr. W. Sheridan took up his appointment as psychologist in Dagenham, and premises were made available for him in Southwood County Junior School, Keppel Road, Dagenham. Thus the nucleus of a Child Guidance Service and a healthy School Psychological Service was taken over by the new London Borough of Barking on the 1st April, 1965.

There is still a need for one or two remedial classes at the secondary school stage in Barking. The secondary schools are well aware of the problem and are doing a lot to provide extra help within the schools for children who have learning difficulties. There is also a need for the provision of special classes within which emotionally immature children can be helped.

A full-time educational psychologist, based at the Romford clinic, has worked in the schools, while the two part-time psychologists from the Ilford and Grays clinics have given time at the Romford clinic for pupils from Dagenham and Hornchurch. For the whole of the academic year Mr. W. Sheridan, as part of his post-graduate course in educational psychology at University College, visited the clinic for one day each week, and also assisted with the work of the School Psychological Service.

In the Autumn term a unit for autistic children was opened at the Manor School, Romford. Autistic children are extremely disturbed, and do not communicate or even recognise the existence of other people or children. Their education presents a great challenge and there can be no doubt that the establishment of such a unit in this area is most welcome.

In September the head teachers of all Romford Schools were invited in groups of six to eight to visit the clinic and discuss any problems which they would like to raise in connection with the School Psychological Service or the Child Guidance Clinic. These discussions proved stimulating and interesting and provided several suggestions for improvement in communication which will be helpful in the future. It was felt that this type of meeting, where everyone could freely raise points which concerned them, was more valuable than a series of formal lectures at the present time.

The Opportunity Class at Hornchurch Wykeham Junior School has operated throughout the year with great success, and a new class of this kind will be opening in January 1965, at Hornchurch Suttons Primary School. These two classes are, of course, now in the London Borough of Havering. It is proposed that another such class should be started in the central Grays area in the near future.

In Basildon the premises at 119 to 123 Honeypot Lane have been gradually converted to accommodation for three tutorial class units for maladjusted children, and a remedial unit. Ninety-one children have been helped via these classes during the term. Each child's home was visited by the teacher in charge. A review of these children has shown that many have already improved in both adjustment and attainment. In the remedial class the success which attended the use of the Initial Teaching Alphabet was such that most of the children attending this class will use this medium.

The diversity of emphasis which is evident in the different areas of Essex reflects not only differences in the populations served, but variations in the modes of operation adopted by the psychologists. All the psychologists have lectured to groups of teachers, and a number of courses for teachers and other professionally concerned groups have been organised. In general it is possible to say that the psychologists are being called in at an earlier stage in more of the cases than hitherto. This is very heartening in view of the importance of the preventative aspect of the School Psychological Service. It is hoped all teachers and head teachers will continue to ask for help at as early a stage as possible within the individual child's particular problem.

The Psychologist to the Education Committee has lectured on 63 courses throughout the year, including those within the County for which he was responsible. He has also attended by invitation a number of conferences outside Essex, and has become particularly involved in a series of lectures on the initial teaching alphabet given for the most part in collaboration with Miss Gregory, Essex Inspector of Primary Education.

## APPENDIX J

### Report of the Principal School Dental Officer on

## FLUORIDATION OF WATER SUPPLIES

In my last report I gave statistical evidence of the beneficial effect which comes from adding a fluoride, up to 1 part per million, to those water supplies otherwise deficient in fluoride content. I would, this year, like to make one or two general remarks about this highly controversial question.

The purpose of fluoridation is to make generally available the protection against dental decay which is enjoyed in those areas which already have fluoride naturally occurring in their water at a level of about 1 p.p.m. Persons brought up in such areas generally possess teeth of better appearance and with greater resistance to decay than in areas lacking in fluoride. Dental decay is a serious problem in this country. It normally begins in early childhood, and, by the time children enter school, four out of five have some decayed teeth. In 1963, amongst children aged 5 to 17 years in England and Wales alone, over 9½ million fillings were inserted in permanent teeth, and over 1½ million teeth were extracted.

The fluorides used in the fluoridation of drinking water are inorganic salts which, when dissolved in water, dissociate into particles known as ions. Thus, calcium fluoride or sodium fluoride, when added to water, give calcium or sodium ions and fluoride ions, and the fluoride ions so produced are identical in all their properties with those occurring naturally in water. These inorganic fluoride salts are manufactured in a pure state from fluoride minerals which occur in the earth's crust. They must not be confused with organic compounds of fluorine, or with the element fluorine, which is a gas. Fluorides are widespread in nature, and are present as a constituent in almost all drinking waters, wherein the concentration of fluoride ions can vary from a trace (less than 0.2 p.p.m.) to several parts per million. They are present in most foods and beverages, and in the human body they are an inevitable constituent of the blood, teeth and bones.

Children born and brought up in areas where the water actually contains fluoride at a level of about 1 p.p.m. have been found to have less than half the dental decay experienced by children in areas where there is only a trace of fluoride. Their teeth are well formed and of good appearance, and research has shown that the benefits persist throughout most of their adult life.

Some people have expressed concern about the effect of fluorides on health. The complete safety of fluorides in water at the level usd in the fluoridation of water supplies has, however, been shown in various ways. People living in areas with as much fluoride naturally in the water enjoy normal health, and studies have failed to reveal any adverse effect which can be attributed to the presence of fluoride. Rarely has any health measure been the subject of so much study and research. Every allegation of harm has been painstakingly assessed. The safety of the measure has been placed beyond doubt.

The connection between improved Dental Health and the presence of an adequate level of fluoride in the water supply has been understood for about 25 years. Soon after the connection was established, several communities in North America decided to give their children the benefit of adequate fluoride by arranging for enough to be added to their water supply to adjust the amount already present to 1 p.p.m., the optimum level for temperate climates. Fluoridation, therefore, consists of the adjustment to the optimum level, for dental protection. of the fluoride content of those water supplies which are deficient in it naturally. In all other respects a water supply to which the recommended amount of a suitable fluoride salt has been added, is identical with a supply which contains the same proportion of fluoride naturally. Studies have shown that drinking water which has had its fluoride content raised to 1 p.p.m. has the same beneficial effect on teeth as water in which the same proportion of fluoride is present naturally.

Among young people who have had fluoridated water all their lives, dental decay is substantially reduced, sometimes by half or even more. On the other hand, however, fluoridation will have little or no effect on those who are already adult when it is introduced. Children will benefit, broadly, according to the age at which they first regularly begin to consume fluoridated water with their food and drink and, preferably, this should be from birth.

The fluoridation of water supplies is being increasingly practised in many parts of the world. It was first introduced in North America in 1945, and by 1964 some 50 million people in the United States and Canada were drinking fluoridated water. In this country fluoridation began in 1955, and in 1962 the Minister of Health announced he was ready to approve its general introduction by Local Health Authorities. An Act of the Irish Parliament has enabled the general fluoridation of water to be started in that country. Australia and New Zealand are among the many other countries in which some water supplies are now fluoridated. Many of the major cities of the world have adopted a policy of fluoridation, including Birmingham (England), New York, Washington, Chicago, Toronto, Dublin, Canberra, Sydney and Wellington.

The following professional and Local Authority organisations in this country unreservedly support fluoridation :—

The General Dental Council
The British Dental Association
The British Medical Association
The Society of Medical Officers of Health
The County Councils Association
The Association of Municipal Corporations
The Royal Society of Health

Various methods other than the addition of fluoride to water have been suggested and tried. They include:-- taking fluoride tablets; painting teeth with fluoride solution; using fluoride mouthwash or toothpaste, and taking fluoridated foods, but no method of coping with dental decay has been shown to be as effective or convenient as the fluoridation of water. Some of the alternative methods can involve complicated arrangements requiring a degree of persistence and supervision over a period of many years which it would be unreasonable to expect. The fluoridation of water supplies, however, is a safe and certain way of providing children with adequate amounts of fluoride during the formation of their teeth—and this at a relatively small cost.

It is, I think, a fair statement to make that a three-pronged attack on dental decay should be mounted by :—

(1) The fluoridation of water;

(2) Dental Health Education, particularly for expectant mothers and school children; and

(3) The provision of ample professional staff working in proper surroundings.

The following is an extract from a Report of the International Dental Federation for 1911 :—

> " The decay of the teeth in civilised countries was estimated at 90 per cent. of the children. This percentage has already been reached in London, and was rapidly being reached in the country and also in America and on the Continent. In India, Africa and other parts where people lived on their simple diets, it was found that they had better teeth."

Put in one sentence, the problem of dental decay in children is one of diet and discipline.

J. BYROM

# APPENDIX K

## MINOR AILMENT CLINICS

### COLCHESTER (DELEGATED)

| | |
|---|---|
| Health Services Clinic, Shrub End, Colchester | Fridays p.m. |
| School Clinic, Trinity Street, Colchester | Mondays to Fridays p.m. |
| Health Services Clinic, Queen Elizabeth Way, Colchester | Wednesdays p.m. |

### NORTH-EAST ESSEX DIVISION

| | |
|---|---|
| Health Services Clinic, 407 Main Road, Dovercourt | Tuesdays a.m. |
| Health Services Clinic, Colchester Road, Halstead | Wednesdays a.m. |
| Health Services Clinic, 31 Skelmersdale Road, Clacton-on-Sea | Mondays p.m. |
| New Church Schoolroom, Brightlingsea | Wednesdays p.m. { In conjunction with C.W.C.s |

### MID-ESSEX DIVISION

| | |
|---|---|
| Health Services Clinic, Coggeshall Road, Braintree | Tuesdays 10.0 a.m. |
| Health Services Clinic, Burnham-on-Crouch | 4th Friday 10.0 a.m |
| Health Services Clinic, Coval Lane, Chelmsford | Mondays 9.30 a.m. |
| Health Services Clinic, Wantz Chase, Maldon | 1st, 3rd and 5th Friday 10.0 a.m. |
| Health Services Clinic, Melbourne Avenue, Chelmsford | 2nd Tuesday 10.0 a.m |
| Health Services Clinic, 69 High Street, Saffron Walden | Thursdays 10.0 a.m. |
| Central Hall, Stansted | 2nd Thursday 9.30 a.m. |
| Health Services Clinic, Guithavon Street, Witham | 1st and 3rd Thursday, 9.30 a.m |
| Health Services Clinic, 56 New Street, Dunmow | 2nd Monday 10.0 a.m. |
| St. Peter's Room, Coggeshall | 4th Monday 10.0 a.m. |
| St Mary's, Kelvedon | 3rd Friday 10.0 a.m. |

### SOUTH-EAST ESSEX DIVISION

| | |
|---|---|
| Health Services Clinic, Great Wakering | Mondays a.m. |
| Health Services Clinic, Rocheway, Rochford | Tuesdays a.m. |
| Health Services Clinic, Eastwood Road, Rayleigh | Tuesdays and alternate Saturdays a.m |
| Health Services Clinic, Kenneth Road, Thundersley | Thursdays a.m. |
| Health Services Clinic, Furtherwick Road, Canvey Island | Mondays a.m. |

## SOUTH-EAST ESSEX DIVISION—Contd.

| | |
|---|---|
| Health Services Clinic, High Road, South Benfleet | 2nd and 4th Fridays a.m. |
| Health Services Clinic, London Road, Hadleigh | 1st, 3rd and 5th Fridays a.m. |
| Health Services Clinic, Spa Road, Hockley | 2nd and 4th Wednesdays a.m. |

## SOUTH ESSEX DIVISION

| | |
|---|---|
| Health Services Clinic, 39 Queen's Road, Brentwood | Tuesdays a.m. |
| Health Services Clinic, Westland Avenue, Hornchurch | Wednesdays a.m. |
| Health Services Clinic, Abbs Cross Lane, Hornchurch | Thursdays a.m. |
| Health Services Clinic, Gubbins Lane, Harold Wood | Fridays a.m. |
| Health Services Clinic, Upminster Road, Rainham | 1st, 3rd and 5th Thursdays a.m. |
| Health Services Clinic, 230 St. Mary's Lane, Upminster | Wednesdays a.m. |
| Health Services Clinic, Grays Park, Bridge Road, Grays | Wednesdays a.m. |
| Health Services Clinic, Newton Road, Tilbury | 2nd, 4th and 5th Fridays a.m. |
| St. Margaret's Hall, Corringham Road, Stanford-le-Hope | 1st, 3rd and 5th Thursdays a.m. |
| 107 South Road, South Ockendon, Near Grays | Mondays a.m. |
| Health Services Clinic, Stifford Long Lane, Grays | 1st, 3rd and 5th Thursdays a.m. |
| Health Services Clinic, River View, Chadwell St. Mary | Alternate Tuesdays a.m. |
| Health Centre, Darenth Lane, South Ockendon | Fridays a.m. |
| Health Services Clinic, Southend Road, South Hornchurch, Rainham | 2nd and 4th Thursdays a.m. |
| Health Services Clinic, Hall Road, Aveley, Purfleet | Thursdays a.m. |
| Health Services Clinic, London Road, Purfleet | 1st Tuesday p.m. |
| Health Services Clinic, Cherry Avenue, Brentwood | 1st, 3rd and 5th Tuesdays a.m. |
| Health Services Clinic, Coram Green, Hutton, Brentwood | Wednesdays a.m. |
| Health Services Clinic, Avon Road, Upminster | Tuesdays a.m. |

## FOREST DIVISION

| | |
|---|---|
| Health Services Clinic, Manford Way, Chigwell | Alternate Thursdays a.m. |
| Health Services Clinic, Hatch Lane, Chingford | 1st and 3rd Mondays p.m. |
| Health Services Clinic, Marmion Avenue, Chingford | 2nd, 4th and 5th Mondays a.m |
| Health Services Clinic, Regent Road, Epping | 1st and 3rd Tuesdays a.m. |
| Health Services Clinic, Loughton Hall, Rectory Lane, Loughton | Thursdays a.m. |
| Health Services Clinic, The Cedars, Sewardstone Road, Waltham Abbey | 2nd and 4th Tuesdays a.m |
| School Clinic, 93 High Road, South Woodford | Fridays a.m. |

## ROMFORD DIVISION

| | |
|---|---|
| Health Services Clinic, Hulse Avenue, Collier Row | Mondays and Thursdays a.m. |
| Hilldene School | Tuesdays a.m. |
| Health Services Clinic, Marks Road | Saturdays a.m. |
| Health Centre, Gooshays Drive, Harold Hill | Mondays and Tuesdays a.m |

## BARKING DIVISION

| | |
|---|---|
| Central Clinic, Vicarage Drive, Ripple Road, Barking | Each morning |
| Porters Avenue Clinic, Porters Avenue, Dagenham | Each morning |
| *Woodward Clinic, Woodward Road, Dagenham | Each morning |
| Upney Clinic, Upney Lane, Barking | Each morning |

* (Being held in Dawson School during rebuilding of Clinic)

## DAGENHAM DIVISION

| | |
|---|---|
| Five Elms School | Mondays p.m. and Fridays a.m. |
| Health Services Clinic, Becontree Avenue | Mondays and Thursdays a.m. |
| Health Services Clinic, Ballards Road | Mondays p.m. |
| Health Services Clinic, Ashton Gardens, Chadwell Heath | 2nd, 4th and 5th Fridays p.m. |
| Health Services Clinic, Oxlow Lane | Wednesdays 9.30 a.m. |
| Health Services Clinic, Marks Gate | 1st and 3rd Fridays p.m. |
| Health Services Clinic, Ford Road | Mondays a.m., Fridays p.m. |

## ILFORD DIVISION

| | |
|---|---|
| Health Services Clinic, Kenwood Gardens, Ilford | Tuesdays and Fridays a.m. |
| Health Services Clinic, Goodmayes Lane, Goodmayes | Wednesdays and Fridays a.m. |

The Tuesday and Wednesday clinics above-mentioned are combined with Immunisation Clinics.

## LEYTON DIVISION

| | |
|---|---|
| Health Services Clinic, Granleigh Road, Leytonstone | Daily a.m. including alternate Saturdays |
| Health Services Clinic, Leyton Green Road, Leyton | Daily a.m. including alternate Saturdays |

## WALTHAMSTOW DIVISION

| | |
|---|---|
| Town Hall | Mondays, Wednesdays, Fridays and Saturdays a.m. |
| Health Services Clinic, Low Hall Lane, Markhouse Road | Mondays and Thursdays a.m. |

## HARLOW DIVISION

| | |
|---|---|
| Addison House, Fourth Avenue, Harlow | Alternate Thursdays a.m. |
| Nuffield House, The Stow, Harlow | Alternate Fridays a.m. |
| Keats House, Bush Fair, Harlow | Every Wednesday a.m. |

## BASILDON DIVISION

| | |
|---|---|
| Health Services Clinic, Laindon Road, Billericay | Thursdays a.m. |
| Health Services Clinic, Craylands, Timberlog Lane, Basildon | Wednesdays a.m. |
| Health Services Clinic, Great Oaks, Basildon | Fridays a.m. |
| Health Services Clinic, Florence Road, Laindon | Tuesdays a.m. |
| Health Services Clinic, High Road, Pitsea | Thursdays a.m. |
| Health Services Clinic, Nevendon Road, Wickford | Mondays a.m. |

## SPECIALIST CLINICS

| *Type of Clinic* | *No. of Sessions Monthly* | *Name of Specialist* |
|---|---|---|
| Colehester Division : | | |
| Ophthalmic | 14 | Dr. H. S. Sweet |
| North-East Essex Division : | | |
| Ophthalmic | 8 | Dr. H. S. Sweet |
| Ear, Nose and Throat | 1 | Mr. J. M. Green |
| Mid-Essex Division : | | |
| Ophthalmic | 43 | Dr. A. H. Staples<br>Dr. C. Goel<br>Dr. J. J. Reilly<br>Dr. H. S. Sweet<br>Mr. J. Cairns |
| Orthopaedic | 28 | Mr. H. A. H. Harris<br>Mr. D. M. Dunn<br>Mr. A. H. G. Murley<br>Mr. Hume |

In addition there are 5 Physiotherapy sessions a month

| *Type of Clinic* | *No. of Sessions Monthly* | *Name of Specialist* |
|---|---|---|
| South-East Essex Division : | | |
| **Ophthalmic** | **7** | **Dr. B. C. Deneh** |
| **South Essex Division :** | | |
| Ophthalmic | 40 | Dr. B. G. Dias<br>Dr. W. H. Clark<br>Dr. H. J. Thorne<br>Dr. P. B. Das Gupta<br>Dr. G. R. Bhatia |
| Orthopaedic | 3 | Mr. G. Barclay |

In addition there are 36 Physiotherapy and 27 Orthoptic sessions a month

| *Type of Clinic* | *No. of Sessions Monthly* | *Name of Specialist* |
|---|---|---|
| Forest Division : | | |
| **Ophthalmic** | 18 | Dr. G. F. Ensor<br>Dr. W. Laybourne |
| **Orthopaedic** | 4 | Mr. M. Mason<br>Mr. K. Dalliwall |

In addition there are 10 Physiotherapy and 8 Orthoptic sessions a week

| *Type of Clinic* | *No. of Sessions Monthly* | *Name of Specialist* |
|---|---|---|
| Romford Division : | | |
| Ophthalmic | 11 | Dr. P. B. Das Gupta<br>Dr. P. Lancer |
| Orthopaedic | 2 | Mr. G. Barclay<br>Mr. J. A. McLaughlan |
| Barking Division : | | |
| Dermatology | 2 | Mr. P. Deville |
| Ear, Nose and Throat | 4 | Miss M. Mason |
| Ophthalmic | 16 | Dr. R. F. Jamieson |
| Orthopaedic | 2 | Mr. A. F. Bryson |
| Paediatric | 2 | Dr. T. Savage |
| Dagenham Division : | | |
| Orthopaedic | 1 | Mr. A. F. Bryson |
| Ophthalmic | 8 | Dr. P. Lancer |
| In addition there are 39 Physiotherapy sessions a month | | |
| Ilford Division : | | |
| Orthopaedic | 7 | Mr. M. Mason<br>Mr. H. G. Korvin |
| Ophthalmic | 17 | Dr. P. Lancer<br>Dr. H. J. Thorne<br>Dr. M. N. Laybourne |
| Ear, Nose and Throat | 4 | Miss M. Mason |
| Cerebral Palsy Unit (Ethel Davis School) | 4 | Mr. H. B. Lee |
| Leyton Division : | | |
| Ear, Nose and Throat | 1 | Mr. R. T. S. Goodchild |
| Ophthalmic | 8 | Dr. M. N. Laybourne |
| Orthopaedic | 4 | Mr. H. A. Oatley |
| Walthamstow Division : | | |
| Ear, Nose and Throat | 4 | Dr. A. Cammock |
| Ophthalmic | 20 | Dr. H. Ho |
| Paediatric | 2 | Dr. E. Hinden |
| Orthopaedic | 1 | Mr. K. Dalliwall |
| Harlow Division : | | |
| Orthopaedic | 4 | Mr. G. R. Fisk<br>Mr. H. Poiriea |
| Basildon Division : | | |
| Ophthalmic | 7 | Dr. B. G. Dias<br>Dr. W. H. Clark |

# CHILD GUIDANCE CLINICS

| Address of clinic (1) | Estimated population served (2) | Establishment of staff (3) | Posts filled as at 31.12.64 (4) | No. Weekly Sessions (5) |
|---|---|---|---|---|
| Winsley House<br>High Street<br>Colchester | 29,000 | Psychiatrists (Part-time—9 sessions weekly) ...... ...... | 2 (5 sessions) | 5 |
| | | Psychologists (Full-time—2) ...... ...... ...... ...... | 2 | — |
| | | Psychiatric Social Workers (Full-time—2) ...... ...... | 2 | — |
| | | Psychotherapist (Full-time—1) ...... ...... ...... ...... | 1 | — |
| | | Remedial Teacher (Full-time—1) ...... ...... ...... | — | — |
| | | Clerks (Full-time—2) ...... ...... ...... ...... ...... | 3 | — |
| 146 Broomfield Road.<br>Chelmsford | 38,250 | Psychiatrists (Part-time—9 sessions weekly) . ... | 2 | 9 |
| | | Psychologists (Full-time—2) ...... ...... ...... ...... | 2 | — |
| | | Psychiatric Social Workers (Full-time—2) ...... ...... | 1 | — |
| | | Psychotherapist (Full-time—1) ...... ...... ...... ...... | — | — |
| | | Remedial Teacher (Full-time—1) ...... ...... ...... | 3 (part-time) | — |
| | | Clerks (Full-time—4) ...... ...... ...... ...... ...... | 2 (full-time) | — |
| | | | 4 (part-time) | 1 a month |
| Satellite Clinic<br>Health Services Clinic<br>69 High Street<br>Saffron Walden | — | — | | |
| 123 Honeypot Lane<br>Basildon | 36,130 | Psychiatrists (Part-time—6 sessions weekly) ...... ...... | 1 | 8 |
| | | Psychologist (Full-time—2) ...... ...... ...... ...... | 1 | — |
| | | Psychiatric Social Workers (Full-time—3) ...... ...... | — | — |
| | | Psychotherapist (Full-time—1) ...... ...... ...... ...... | 1 | — |
| | | Remedial Teacher (Full-time—1) ...... ...... ...... | 1 | — |
| | | Clerks (Full-time—4) ...... ...... ... ... ...... .. | 3 | — |
| Whitehall Cottage<br>Whitehall Lane<br>Grays | 21,000 | Psychiatrists (Part-time—6 sessions weekly) | 3 (6 sessions) | 6 |
| | | Psychologists (Full-time—2) ...... ...... ...... ...... | 2 | — |
| | | Psychiatric Social Workers (Full-time—2) | — | — |
| | | Psychotherapists (Part-time—8 sessions weekly) ...... | — | — |
| | | Clerks (Full-time—1 and Part-time—2 x 15 hrs.) ... | 1.75 | — |
| | | Peripatetic Remedial Teacher (Full-time—1) .. | — | — |

| Address of clinic (1) | Estimated population served (2) | Establishment of staff (3) | Posts filled as at 31.12.63 (4) | No. Weekly Sessions (5) |
|---|---|---|---|---|
| Galen House<br>Town Centre<br>Harlow | 19,500 | Psychiatrists (Part-time—6 sessions weekly) | 1 (6 sessions) | 6 |
| | | Psychologist (Full-time—1) | 1 (6 sessions) | 6 |
| | | Psychiatric Social Worker (Full-time—1) | 1 | — |
| | | Psychotherapist (Part-time—5 sessions weekly) | 1 (5 sessions) | 5 |
| | | Clerks (Full-time—2) | 2 | — |
| 62 Western Road<br>Romford | 53,000 | Psychiatrists (Part-time—11 sessions weekly) | 4 (10 sessions) | 8 |
| | | Psychologists (Full-time—1 and part-time 2) | 2.2 | — |
| | | Psychiatric Social Workers (Full-time—2) | 2 | — |
| | | Psychotherapist (Full-time—1) | 1 (5 sessions) | — |
| | | Clerks (Full-time—3; Part-time 1) | 3½ | — |
| Loxford Hall<br>Loxford Lane<br>Ilford | 36,200 | Psychiatrists (Part-time—9 sessions weekly) | 2 | 9 |
| | | Psychologists (Full-time—2) | 2 (1 Full-time and 6 sessions). | — |
| | | Psychiatric Social Workers (Full-time—3) | 2 | — |
| | | Psychotherapist (Full-time—1) | 1 (6 sessions) | — |
| | | Clerks (Full-time—3 and Part-time —1) | 4 | — |
| Old Monoux School<br>High Street<br>Walthamstow | 52,000 | Psychiatrists (Part-time—11 sessions weekly) | 2 | 11 |
| | | Psychologists (Full-time—1) | 1 | — |
| | | Psychologists (Full-time—1) | 1 | |
| | | Psychiatric Social Workers (Full-time—3) | 3 | — |
| | | Clerks (Full-time—4) | 4 | — |
| 133 Dawlish Road<br>Leyton. | 11,000 | Psychiatrists (Part-time—7 sessions weekly) | 1 | 7 |
| | | Psychologists (Full-time) | 1 | 2 |
| | | Psychiatric Social Worker (Full-time—2) | 2 | — |
| | | Psychotherapist (Part-time—5 sessions weekly) | — | — |
| | | Clerks (Full-time—2) | 2 | — |